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ABSTRACT

A content-based curriculum in English as a Second Language (ESL) focusing on prenatal self-care is presented. The course was designed as a solution to the problem of inadequate prenatal care for limited-English-proficient Mexican immigrant women. The first three sections offer background information on and discussion of (1) content-based ESL instruction, including related methods, rationale, its use in different academic settings, issues in implementation, and adaptation to adult education; (2) the health needs of Mexican women, including cultural and practical barriers to use of health care and health services, and benefits of prenatal care; and (3) the rationale for and design of prenatal care instruction through content-based ESL, including educational benefits, materials, other prenatal care resources, adapting materials for content-based instruction, and design issues. The curriculum itself is then presented. It consists of lesson plans and 44 student handouts on these topics: the body, the fetus, going to the doctor, nutrition during pregnancy, giving birth, and well-baby care. Notes for the instructor and ideas for vocabulary exercises are included. A 100-item list of content and methodological resources is appended. (MSE) (Adjunct ERIC Clearinghouse on Literacy Education)

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PRENATAL CARE: A CONTENT-BASED ESL CURRICULUM

A Thesis

Presented to

the Faculty of the Department of TESOL and Applied Linguistics

the School of Intercultural Studies

Biola University

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Master of Arts in TESOL

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ABSTRACT

PRENATAL CARE: A CONTENT-BASED ESL CURRICULUM

Elissa Anne Hassel

Since the birthrate among Mexican immigrant women is the highest in the nation, there is a great need for prenatal care education. These women also need instruction in English. Therefore, the theoretical basis for teaching content material through ESL (content-based ESL) is discussed with reference to its applicability in teaching prenatal health care. A content-based ESL prenatal care curriculum is proposed and presented as a solution to the problem of inadequate prenatal care for limited English proficient Mexican women. The curriculum consists of lesson plans and 44 student handouts on the following topics: your body, the fetus, going to the doctor, nutrition during pregnancy, giving birth, and well-baby care.

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INTRODUCTION

In recent years, content-based ESL instruction has become an area of great interest in the field of Teaching English as a Second Language. The popularity of the content-based approach is based on its potential to enhance both second language acquisition and student comprehension of academic material in an academic setting. However, in the field of adult ESL education, content-based instruction is rare. Adult immigrants have specific educational needs that could be addressed through a content-based ESL program. Health education, in particular, lends itself towards ESL instruction and the teaching of survival skills. The specific health topic I will be addressing is Prenatal Health Care and its application to the ESL classroom.

Curriculum development for content-based ESL instruction has been done primarily at the elementary, secondary, and university levels. However, some content-based ESL materials have been designed for adult ESL students outside of the academic setting. A recent major focus has been on U.S. History and citizenship. Yet, few content-based materials are available in other subject areas such as health education. The materials that are available are usually designed for advanced levels, or they are limited to interactions with medical personnel, etc. There is, however, one curriculum available in the area of preventive health care that targets beginning level ESL students

(Clovis Adult School 1981). Yet, within this curriculum, there is nothing pertaining to the health care needs of pregnant women. For this reason, I have designed a content-based ESL curriculum for adult female ESL students at the high beginning level using the topic of "Prenatal Health Care." This curriculum will include six topics: Your Body, The Fetus, Going to the Doctor, Nutrition During Pregnancy, Giving Birth, and Well Baby Care. The target population will be Mexican women.

This thesis will be divided into five sections. Chapter One will present the theoretical basis of content-based ESL and some current definitions. The second chapter will present the health needs and behavior of Mexican women concerning pregnancy. Chapter Three discusses the feasibility of teaching ESL through the topic of Prenatal Health Care and materials adaptation. Chapter 3 also includes a review of materials related to prenatal education. In Chapter Four, I will present a prenatal health care curriculum with six topics and their correlating lesson plans.

I. CONTENT-BASED ESL

Content-based ESL is one of several models of language instruction which is based on the concept that a second language (L2) can be acquired by focusing on the content of the communication rather than on the form. According to Mohan (1986a), there are three basic methods of task-centered language teaching: L2 teaching through content (Content-based ESL and Immersion), L2 teaching combined with content teaching (Adjunct and Sheltered English), and L2 teaching for content (English for Specific Purposes). Before comparing these related methods, it is necessary to adequately define content-based ESL.

Content-based ESL instruction is the integration of linguistic and content material for the purpose of acquiring a second language in an academic setting (Sutorius 1985). Snow, Brinton, and Wesche (1989) describe it as the integration of specific content with language teaching objectives. They encourage the use of academic texts as a means of providing a context for teaching linguistic structures and functions. Since content-based instruction focuses on academic content, it aids in the development of the cognitive and linguistic skills necessary for academic success (Sutorius 1985). In summary, content-based ESL is an effective method of integrating content matter instruction with English language instruction for the purposes of facilitating second language acquisition and academic success.

The content-based ESL model requires the ESL instructor to integrate language and content material simultaneously (Sutorius 1985). Integration is possible because the activities used in the L2 classroom are often the same kinds of activities, using the same format, as that of a regular content class (Mohan 1986a). Both approaches include 1) presenting a passage, 2) explaining vocabulary, 3) asking questions about it, and 4) answering student questions. The major difference between the two is the focus. In the L2 class, the focus is on the language. In the content class, the focus is on the material itself.

Related Methods

It is beneficial to differentiate content-based ESL from the four related methods of instruction: Immersion, Adjunct, Sheltered, and ESP. The theoretical basis for each of these methods is that a second language can be acquired and learned by focusing on the content of the communication, rather than on the form of the communication. Each of these methods is being used in an academic setting at the elementary, secondary, and university levels. These methods can be differentiated in terms of the degree of linguistic vs. content matter incorporated into the curriculum.

Immersion

The most successful immersion programs are found in Canada. These programs share three common characteristics. They are voluntary, the students are highly motivated, and they belong to the dominant culture and speak the majority language (Swain 1979). There are early and late immersion classes. Early immersion or Full Immersion means that 100 percent of the content classes are taught in the second language. Late Immersion or Partial Immersion means that 40 to 80 percent of the classes are taught in the second language. Generally, no language instruction is given, and the subjects taught are limited to Physical Education, Math, Art, Music, and some Sciences.

The effectiveness of the immersion approach is supported through studies by Swain (1974), Stern (1978), Morrison (1982), Shapson and Day (1983), and Gray (1984). Their conclusion is that immersion instruction significantly improves second language acquisition in comparison to traditional forms of ESL instruction. Their research demonstrates that second language proficiency is enhanced through greater exposure to the language under natural conditions. Immersion programs also promote a positive attitude toward the second language and culture.

The immersion model does, however, have some weaknesses (Mohan 1979). Since academic classes usually have a lecture format, the students in an immersion program have few opportunities to develop their speaking skills. Another weakness is in the area of error correction. In an

immersion class, content errors are corrected explicitly, while linguistic errors are corrected implicitly (Swain 1979). As a result, the students receive clear feedback regarding their academic development, but little or no feedback regarding their linguistic development.

The immersion model has been very successful in Canada where the students belong to the dominant culture and speak the dominant language. In the U.S., however, the students learning English belong to a minority group within the larger culture. Hernandez-Chavez (1984) believes that immersion programs for children of minority language groups can result in the displacement of their native language. The students are submerged into the world of English and are expected to learn English quickly, while learning the content matter presented through it. They are forced to "sink or swim." As a result, the students' self-esteem is damaged, their academic performance is poor, and the drop-out rate is high (Cohen and Swain 1976).

Since the students' native language is not valued or used in the context of the classroom, they are unable to develop CALP (Cognitive Academic Language Proficiency) in their first language (Cummins 1980). CALP refers to the ability to synthesize, analyze, and evaluate verbal and written discourse. Cummins argues that ESL students should not be mainstreamed into regular academic classes until their native language CALP is developed. The basis of his argument is that the development of CALP in their second language is dependent on the extent to which CALP is

developed in their first language. Consequently, minority language children in immersion programs often have developmental deficiencies socially, emotionally, cognitively, and academically in both languages.

The CALP theory is a major support for the implementation of bilingual education in the U.S. The problem is that it is not feasible to provide bilingual education to the numerous language groups immigrating to the U.S. A possible solution to this dilemma is content-based ESL instruction which is designed with the purpose of developing CALP. The children's native language is not used in the classroom, yet the content is presented in a comprehensible, organized form so that the children are able to grasp concepts and theories. As a result, they are able to develop critical thinking skills.

The immersion model differs from content-based ESL in several ways. An immersion curriculum focuses on teaching content and not the language itself. The students in an immersion program usually speak the language of the dominant culture. An immersion program also requires strong parental and community support plus bilingual teachers.

In contrast, a content-based ESL curriculum integrates both content and language teaching. The students in a content-based ESL program speak a minority language. Parental and community support are not necessary. It is also not necessary that the ESL instructor be bilingual.

Adjunct

The adjunct model is an approach in which the ESL course is integrated and linked with a content course (Snow, Brinton, and Wesche 1989). Mohan (1979) defines this approach as L2 teaching with content teaching, where the language and content are sequenced simultaneously. The adjunct model requires that the ESL student enroll in a content and a language course concurrently (Snow, Brinton, and Wesche 1989). The content course within an adjunct program provides unsimplified input while the language course deals with the L2 problems that arise. In the language course, the students' progress is monitored through contextualized practice and feedback, with an emphasis on the development of study skills. The assignments in the ESL course are based on the material presented in the content course.

The adjunct model differs from the content-based model in several ways. The adjunct model places ESL students and native English speakers in the same content course together (Snow, Brinton, and Wesche 1989). The content course is a required credit course for all the students. Consequently, the ESL students are exposed to peer interaction with native English speakers, and the content material presented is equivalent to that of a regular academic course, without any adaptations.

In contrast, content-based ESL instruction occurs within the context of one class. The class is composed solely of ESL students. The ESL teacher is both the

language and content instructor who makes accomodations to the learners' level. The input presented in a content-based class is syntactically and linguistically simpler, and the concepts are explicitly organized.

The role of the teacher differs as well. An adjunct course requires close, on-going coordination between the content teacher and the language teacher, along with the administrative staff. The assignments in the ESL course are based on the material presented in the content course. To be effective, the ESL teacher must become familiar with the content material in order to develop language teaching materials from it. He or she must evaluate both the content and the linguistic aspects of the students' work (Snow, Brinton, and Wesche 1989). In a content-based ESL course, the content teacher is the language teacher, and all responsibility rests on one person.

Sheltered ESL

The third model to consider is the sheltered model. The sheltered model involves teaching ESL through academic subjects where all the content is taught in the second language. The goal of the sheltered model is to provide the ESL student with relevant and meaningful comprehensible input, with a minimal amount of language instruction (Edwards, et al. 1984). The sheltered class covers the same material as an academic class. However, the lecturer modifies the language in order to be more easily understood, and the class is composed solely of intermediate

and advanced students. If a sheltered class does have a language component, it acts as a supplement to the academic course, rather than as an integrated component. The information is organized and presented more explicitly than in a standard academic class.

The sheltered model is similar to the content-based model in that the class is composed solely of ESL students and the focus is on content rather than on form. However, the sheltered model differs from the content-based model in several ways. If there is a language component, it is taught by a language teacher. In contrast, the content-based model requires the ESL teacher to teach both content and language in one class. The students in a sheltered class do not always receive credit because of the linguistic and content modifications, whereas the students in a content-based class do receive academic credit. Another difference is that the sheltered ESL instructor incorporates minimal language instruction, while the content-based ESL instructor teaches language implicitly or explicitly within the context of the content material.

ESP

An English for Specific Purposes (ESP) program must also be differentiated from content-based ESL. ESP is a method of English language teaching which is based on the learners' needs, and the actual language of a specific occupation or activity in which the learner intends to participate (Strevens 1980). ESP prepares the learner

for "chosen communicative environments" (Mohan 1986a, 15). Such environments might be the student's work place or an academic class. In an ESP course, English is learned for the purpose of acquiring a different body of knowledge (Robinson 1980). Therefore, the ultimate goal of learning English is to successfully attain another goal which may be job or school related. Phillips (1981) notes that in an ESP course, the learners' purpose is not just linguistic competence, but the mastery of a particular set of language skills. Robinson (1980) further explains that an ESP course should be based on an extensive analysis of the learners' needs and therefore be "tailor-made" for that particular group of learners.

ESP is similar to content-based ESL in that both methods recognize the importance of context. They both primarily emphasize meaning rather than form, and both approaches consider the needs of the learner (Mohan 1986a). They also use similar methods of communication. However, they differ particularly in the area of objectives.

ESP has one major objective: to equip language learners to function effectively in particular environments. Consequently, ESP courses are organized with an emphasis on efficient and effective acquisition of the particular language and skills needed for a given communicative environment (Graham and Beardsley 1986). In contrast, content-based ESL has three major objectives: to teach content, to increase English proficiency, and to teach the language skills necessary for understanding the content.

These objectives are achieved through the careful presentation of comprehensible content material (Chamot 1984; Krashen 1982). The content material is organized with both content and language learning as the focus.

Rationale for Content-Based ESL Instruction

Snow, Brinton, and Wesche (1989) mention five rationales supporting the effectiveness of content-based ESL instruction. First, the learners' language needs, in terms of structures and functions, are taken into account and addressed through the curriculum. A second rationale is that content which is relevant tends to increase student motivation and language learning. Third, content-based ESL instruction builds upon the learners' previous knowledge and experiences. Fourth, this approach emphasizes contextualized language use, rather than isolated forms of language usage. It therefore enhances the learners' awareness of discourse and interaction patterns.

The fifth rationale for content-based ESL instruction (Snow, Brinton, and Wesche 1989) is that it is grounded in Krashen's second language acquisition theory and its two major hypotheses: the Input Hypothesis, and the Acquisition/Learning Hypothesis. Krashen (1985) defines "input" as a message which is comprehensible to the learner and which promotes second language acquisition. The Input Hypothesis indicates that second language acquisition is directly dependent on what the learner is able to com-

prehend when exposed to the second language. In real communicative settings, the context, the learner's knowledge of the world, and the extralinguistic information enable the learner to comprehend messages that use language beyond his or her current level of proficiency. When the learner is trying to understand an interesting message, even though it may include language beyond his or her level of competence, that input can further acquisition (Larsen-Freeman 1979). Tucker (1977, 25) notes that "a student can effectively acquire a second language when the task of learning the language becomes incidental to the task of communicating with someone about something which is inherently interesting."

The Acquisition/Learning Hypothesis is based on the concept that direct instruction in grammar has limited value in the learning of a second language. Rather, language acquisition occurs not through direct instruction but through exposure to comprehensible input (Dulay, Burt, and Krashen 1982). Krashen (1981) defines acquisition as being primarily a subconscious process in which a second language is acquired in the context of genuine communication. It is not influenced by overt teaching, but is promoted through exposure to simplified input and participation in conversation. Learning, on the other hand, is a primarily conscious process in which the ESL student focuses on the rules of grammar and form (Krashen 1981). Krashen believes that ESL instruction should enable learners to acquire English,

rather than learn it solely through conscious processes like memorization, recognition, etc.

Natural acquisition, then, appears to be dependent on the degree of exposure learners have to interesting input of high quality (Hatch 1979). The input should be based on genuine, goal-oriented language use (Taylor and Wolfson 1978) and be comprehensible because it is embedded in a real context. Krashen (1976) further emphasizes that the learner must be actively engaged in the communication. It appears that students become actively engaged in communication "when they have a stake in the outcome of their endeavors" (Taylor 1982, 36). Selinker (1972) has observed that many adult ESL learners stop learning once their proficiency is adequate to meet their needs. However, Gardner and Lambert (1972), and Schumann (1978) have all observed that "when there is a pressing need, and the motivation is high . . . the acquisition process seems to continue" (Taylor and Wolfson 1978, 32).

Content-Based ESL in Academic Settings

Widdowson (1978) supports the use of genuine communicative data as a basis for teaching ESL. He suggests teaching ESL through the content of the school curriculum. Widdowson points out that a content class uses language as communication and therefore is a reliable medium for language learning. The content-based ESL classroom offers a real language experience (Widdowson 1978) which enables

students to participate in contextually rich, meaningful communication that is genuine and reflects the kind of language used in real communicative functions (Taylor 1982). A content-based approach can also enhance student motivation (Gardner 1973) because the language is presented in meaningful and contextualized forms, and the content is interesting.

Generally speaking, the standard ESL curriculum is already somewhat content-based. Both the ESL teacher and the regular classroom teacher teach topics and cognitive skills, and they incorporate the learners' previous experiences (Arnott 1985). ESL instructors teach topics and label them "themes," while content instructors teach topics and call them "subjects." Both the ESL teacher and the content teacher use experiential learning as part of their curriculum. They both use realia, films, visual aids, and demonstrations to communicate concepts. The ESL teacher, like the content teacher, can facilitate the development of the students' cognitive skills by concentrating on the material's pattern of organization. Through the presentation of charts and graphs, the students are better able to interpret what they observe and experience (Arnott 1985). Content material often has a clearly defined pattern of organization and can be adapted to the ESL class. A standard ESL curriculum introduces students to a variety of content areas when teaching survival skills, but does not delve deeply into any one content area. A primary focus is on form or function, rather than on content. In contrast,

a content-based ESL curriculum focuses primarily on one content area without focusing on grammatical form.

In a content-based ESL class, the goal is to affect the students' perceptions of the world, as well as to aid in second language acquisition. The instructor trains students to think on a cognitive level by systematically presenting the information and teaching them how to logically organize it. As the instructor provides the learners with experiences and a framework by which to interpret the information, language can be effectively incorporated into the context. One way of doing this is by training students to systematically describe, classify, and evaluate the given information (Mohan 1986b).

University

The content-based ESL approach has been proven effective at the university level where content-based ESL classes are for credit and the students listen to lectures, take notes, read a standard textbook, and take exams (Bush and Robertson 1984). The class consists entirely of ESL students. Language teaching fluctuates from implicit to explicit instruction, depending on the needs of the students. This approach requires that the ESL teacher have a working knowledge of other academic disciplines. The ESL instructor is often required to prepare his or her own materials since there is a lack of published materials. However, it is the most versatile method in terms of program design and goals, with minimal administrative

support and coordination required. Content-based ESL courses are currently being offered at the University of Southern California; the University of California, Los Angeles; California State University, Los Angeles; California State University, Dominguez Hills; the University of Ottawa; and Canada College.

Secondary

At the secondary level, the content-based ESL approach provides a suitable context for second language acquisition. Widdowson (1978) notes that academic subjects like geography, science, history, and art are all a part of the child's real world. Therefore, they can be used as a contextual and referential base for teaching a second language. Content-based instruction is also intrinsically motivating at the high school level because the students are seeking to acquire units toward graduation (Sampson 1978). In addition, the activities in academic classes stimulate the students to use the language to a greater extent than the contrived activities used in regular ESL classes (Taylor 1983).

One example of a content-based ESL module designed for the high school level is "Canada's Golden Horseshoe" (Allen and Howard 1981). The goal of this module is to develop conceptual and language learning skills through a set of activities that focus on subject-related communication. The activities provide practice in vocabulary, grammar, and form, with a focus on content. They also aid in concept

development by presenting content information with opportunities for application. The model used in the design of this ESL module emphasizes five areas of language development: language use, reading comprehension, information transfer, guided writing, and note-taking.

Other Canadian modules (Sutorius 1985) currently in use include geography (Allen and Howard 1982; Carver and Howard 1983; Howard and Carver 1983), history (Young and O'Brien 1979), and literature (Young and O'Brien 1979). In addition, Terdy (1986) and Chamot and O'Malley (1986) have published content-based ESL textbooks that focus on U.S. history.

Elementary

At the elementary level, the content-based approach is becoming popular in a form called "Sheltered English." As mentioned earlier, the sheltered approach differs from the content-based approach in two major ways. The students in a sheltered class are not always given credit for the class and any language component is taught by the ESL teacher, rather than by the content teacher. By definition, the form of sheltered English described below is essentially a content-based ESL approach, since it involves only the content teacher, and the students receive credit for the course.

"Sheltered English" has been described as a "new, rapidly spreading technique that allows English speaking instructors to teach demanding subject matter, notably

mathematics and science, to students who are not yet fluent in English" (Biederman 1987). It includes the use of visual aids and non-verbal clues, as well as simplified and slower speech. This form of content-based instruction appears to be an effective transition for children entering "English only" classes from classes taught in their native language. It is a viable alternative to the regular "sink or swim" content class. Through this approach, complex content can be taught in a linguistically simple form. Key principles include using hands-on activities during the lesson, and providing the students with opportunities to discover the answers to the questions. The teacher also permits the students to make speech errors and corrects them later by incorporating the correct forms into future lessons (Biederman 1987).

This method of content-based ESL provides elementary students with several benefits. Since they are focusing on academic subject areas, they are allowed to continue their education instead of waiting until they are fluent in English. The students are also sheltered from irrelevant information, fluent peers, and language overload. Yet, they learn sophisticated concepts. Through this technique, the instructor can teach in his or her specialty area and adapt the material to the students' needs. Another benefit is that the content teacher can experience the challenge of teaching enthusiastic non-fluent students. However, this approach requires extra teacher preparation, and the use of additional props.

These "sheltered classes" address the problem of the multi-language classroom in which the majority of the students speak Spanish, while the rest speak other languages. A bilingual class is unable to address the needs of a multilingual population; whereas, a "sheltered class" is able to since the subject matter is taught in English through a comprehensible method. Bilingual students benefit from the complex subject matter presented, and all the students are able to participate in the activities. These classes are currently being taught in various school districts in Los Angeles. In the Paramount Unified School District, the students in sheltered classes are demonstrating greater English fluency than other ESL students (Sutorius 1985). These classes seem to improve the overall academic achievement of non-English speaking children. The Paramount program has been in existence for eight years.

Implementation of Content-based ESL

Successful language learning in a content-based ESL class is defined by the extent to which the students understand the material and the teacher's messages, and the extent to which the teacher understands the students' messages (Mohan 1986). Mohan (1979) also postulates that successful communication does not automatically result from content-based ESL instruction. The age level of the students, the subject matter, and the students' familiarity with it are all influential factors. This method also

requires that the teacher use specific coping strategies. These strategies include the use of visual aids, non-verbal communication, and activities such as drawing pictures, graphs, etc. The instructor should teach from familiar situations or expose the students to the lesson content before presenting the lesson. It is important to highlight and summarize the main points of the lesson and to provide feedback, which encourages students to ask questions about the information. There should be many opportunities for student talk (Stevens 1976). The class should be activity-centered and student-centered. The students should be given the opportunity to choose the topic, research the information, and present it to the class.

According to Crandall and Willets (1986), there are several requirements for teaching content-based ESL. First, the instructor must have a working knowledge of the content area and of strategies for teaching the content. He or she must also be familiar with strategies for teaching ESL. The instructor must know how to use these strategies to contextualize the lesson and make the content comprehensible. He or she should have an understanding of the students' culture and an ability to bridge the gap between the child's first and second culture. The instructor should also try to integrate parental involvement into the child's learning process whenever possible. It is important that the ESL teacher adapt the content materials to the students' needs. The instructor should also assess

the students' proficiency through academic and language proficiency tests.

Advantages and Disadvantages

There are several advantages to teaching ESL through content material (Mohan 1986a). Content material provides interesting and valuable information that the students would want to communicate. Consequently, it provides a context for developing language and discourse. Content-based ESL teaches students the language of a specific subject area. Both thinking skills and language skills can be developed, and the ability to transfer learning is enhanced. Another advantage is that one instructor teaches both content and language. Therefore, he or she can adjust the speed and depth of instruction to the needs of the students. The instructor is also able to weave the linguistic and conceptual skills into the content material when appropriate (Sutorius 1985). The model is versatile and does not require coordination between academic and ESL instructors or much administrative support.

However, there are also several disadvantages to the content-based approach (Mohan 1986a). It requires that ESL teachers be knowledgeable and competent in academic subjects. This approach may also require ESL teachers to prepare their own materials since there are few published materials available. However, as mentioned previously, content-based ESL texts are being published for various high school subjects. Another disadvantage is in the area

of language versus content testing and evaluation. Since language and content are intertwined, it is difficult to test content proficiency apart from language proficiency. There is a content factor in language tests and vice versa.

Based on the hypotheses and research presented, it is apparent that content-based ESL instruction is an effective method of second language acquisition. Its dual function of promoting L2 acquisition and cognitive academic language skills makes it especially useful at the elementary, secondary, and university levels. The next factor to consider is whether it is worthwhile to adapt the content-based approach to adult ESL students in a non-academic setting.

Adaptation to Adult Education

Adult education for beginning level ESL students primarily emphasizes the development of survival language skills. There are numerous survival texts available that teach the skills and language necessary for basic communication in various contexts. However, survival curriculums are not designed to teach concepts or thinking skills. Their objective is to train students how to function in society, not how to think through abstract or complex problems. Yet, the development of thinking skills in English can only enhance the opportunities available to ESL learners living in the United States. Unlike a survival curriculum, a content-based ESL curriculum is designed to develop thinking skills in English. Snow, Brinton, and

Wesche (1989) support the use of the content-based approach at the adult level in the form of theme-based ESL.

Theme-based instruction is topic-based, where the content is the basis for language interaction. There are two types of theme-based approaches: a theme-based curriculum organized around unrelated topics, with all four skills involved in learning each topic; and a theme-based curriculum organized around one major topic with related sub-topics. Snow, Brinton, and Wesche (1989) further define the characteristics of a theme-based curriculum.

A theme-based language course has as its objective, the development of all four language skills through the topics presented. Each topic is organized in such a way as to offer a variety of language items within a given context. The content, rather than the grammar or the functions, is what drives the curriculum. As a result, there is continuity in the development of reading, writing, speaking, and listening skills. The students' focus is on the theme, and the linguistic items being presented are subordinated to that theme. A theme-based language course also aims at developing higher level language skills through the integration of the four skills (Snow, Brinton, and Wesche 1989). The chosen theme must be broad enough to incorporate the teaching of the four language skills and various linguistic structures. The theme must be timely and address student needs. The selected theme should be novel and of interest to the students, thereby increasing student motivation. A theme is also chosen on the basis

of the availability of ESL materials appropriate to that topic.

Clovis Adult School has developed a competency-based ESL program that fulfills much of Snow and Brinton's definition of theme-based ESL. The LifeSchool program consists of several subject areas, one of which is health education. Under the subject heading of Health are a number of health related classroom modules. The Health curriculum focuses on developing student survival skills through reading, writing, speaking, and listening. The linguistic items and language activities are presented in the context of a given topic. The objective of the curriculum is to teach ESL and health principles to English proficient students.

This competency-based curriculum resembles a content-based ESL curriculum that is specifically designed for adult ESL students. However, the curriculum is not, by definition, content-based. Since it is competency-based, it differs from content-based ESL in that it does not facilitate higher levels of language processing, i.e. analyzing, synthesizing, and evaluating. However, the curriculum does integrate the four language skills.

The adaptation of the content-based approach to adult ESL students does not necessarily entail replacing the standard survival curriculum. However, a content-based curriculum may offer benefits which a survival curriculum does not. Both survival ESL and content-based ESL instruction can produce communicative competence. Yet, to facilitate academic proficiency, the content-based approach is

more effective. For most of the students at the adult level, academic proficiency is not a primary goal. However, it would be beneficial to contrast the effectiveness of these two approaches.

Benefits of a Content-Based ESL Curriculum

There are several benefits to using a content-based ESL curriculum instead of a standard survival curriculum. First, the focus on one particular content area rather than on linguistic structures results in continuity in the presentation of the lessons. In contrast, survival curriculums present a variety of topics with an emphasis on learning the structures. Since there is so much variety and so little continuity of focus, the teaching and learning process can be somewhat disjointed (Snow, Brinton, and Wesche 1989).

Second, since a content-based curriculum focuses on learning the material, it provides an appropriate context for language acquisition. It has also been shown to enhance not only communicative proficiency, but academic proficiency, as well (Mohan 1986a). In contrast to this, most survival ESL classes use the notional/functional approach. This approach has been shown to be effective in facilitating communicative proficiency (Chamot 1983b), but it is limited in its capacity to improve academic proficiency. Brumfit (1980) also points out that the notional/ functional syllabus simply replaces the grammatical syllabus with a new set of structures that are more

difficult to describe and systematize than syntactic structures.

A third benefit is that the students' interest in the subject could result in a decrease in the attrition rate. There tends to be a high attrition rate in most adult ESL programs. Many factors are responsible for this (Sexton 1988). However, if the topic is of personal benefit to the students, they will attend classes more regularly. Gardner (1973) notes that relevant content can increase student motivation.

A fourth benefit is that a content-based curriculum provides an authentic, meaningful context for student-centered activities (Taylor 1983). A potential weakness of a survival curriculum is that a curriculum organized around communicative activities and language points can be disjointed. In a content-based curriculum, the context is consistent and the concepts are reviewed regularly.

A fifth advantage of a content-based curriculum is that the instructor can teach abstract concepts such as genetic reproduction. A major objective is to facilitate the development of higher level thinking skills such as analyzing and evaluating. In contrast to this, a survival curriculum only develops the students' ability to memorize, recognize, and comprehend at low cognitive levels. It focuses on developing basic interpersonal skills and only addresses abstract concepts at the advanced levels. The sheltered approach (Biederman 1987) used with elementary school children demonstrates that abstract concepts can be

effectively communicated and understood by students with even low levels of English proficiency.

The sixth factor to consider is that content-based instruction for adult learners may facilitate the development of Cognitive Academic Language Proficiency (the ability to reason, evaluate, and analyze in an academic context) in their second language. Many adult learners have already developed CALP in their first language through education at the elementary and secondary levels. Cummins (1980) believes that once CALP has been developed, it can be applied to a learner's second language. If the students are given content to analyze, it may activate their existing analytical abilities which can transfer over into English.

At this point, one must consider whether or not it would be beneficial to develop CALP in adult learners. Many adult ESL students do not intend to enter an academic program. Therefore, it appears that they do not need to develop CALP. However, newspapers, books, news reports in the media, etc. are all context-reduced. (That is, there are few extralinguistic cues to enhance student comprehension.) Consequently, the students' use of the English language will be severely limited if their training in ESL is solely in context-embedded situations which rely on pictures or other extralinguistic cues. This disadvantage may also affect the job opportunities available to them. Although little research has been done on the development of CALP in adult ESL students, it may be possible to

develop second language CALP through a content-based ESL method. I am not suggesting that the development of CALP be an explicit goal, necessarily. If this occurs in the process of teaching ESL, however, it would only benefit the students. Neither am I suggesting that a content-based curriculum replace the survival curriculum. Yet, because of the effectiveness and dual focus of the content-based curriculum, it may produce results that a survival curriculum cannot.

When adapting the content-based approach, it is important that certain requirements be met. The course must provide comprehensible input. The topic chosen must be meaningful and of interest to the students. The environment should be low anxiety. The focus should be on meaning and content rather than on form (Allen and Howard 1981).

The effectiveness of the content-based approach depends largely on the target group and their needs. When I wrote this curriculum, I targeted high beginning level Mexican women. I ascertained that they knew enough English to learn through a content-based ESL method, and that this cultural group, in particular, needed to know about prenatal care. I do not recommend using a content-based curriculum with low beginning level adults, since basic survival skills must be developed. A content-based ESL curriculum would be most effective at the high beginning, intermediate, and advanced levels. At the low beginning level, however, it would be feasible to incorporate separate content-based modules into a standard survival curriculum.

II. THE HEALTH NEEDS OF MEXICAN WOMEN

The growing Mexican population in the U.S. has brought new concerns to professionals in the health and education fields. The Mexican immigrant woman in particular, has health concerns that need to be addressed. When considering how to address these needs, it is important to understand more about these particular immigrants.

In recent years the Hispanic population in the U.S. has been rapidly growing. Much of this increase is due to migration to the U.S. from Mexico and Latin America. Based on the 1980 census, there were an estimated three million undocumented immigrants in the U.S. (Warren and Passel 1983). Since then, there continues to be a major influx of undocumented immigrants entering the U.S. from Mexico.

Many of these new immigrants are poor, undereducated, and do not speak English. Mexican Americans are usually poorer than other Latino populations in the U.S. and many live below the poverty level (Ramirez and Cousins 1983). In 1980, the national median income for Hispanics was $14,000. Latino men are often underpaid as blue collar workers for construction and manufacturing companies. Seasonal unemployment is common among them (Davis, Haube, and Winette 1983). The Latina woman tends to have a large family and consequently is dependent on her husband to be the sole financial provider while she raises the children. A notable attitude among some Hispanic women (Lewin 1979) is that their husbands are not completely dependable since

they occasionally take off on masculine adventures with their friends. Thus, food stamps and welfare often become the women's most stable source of income through Aid to Families with Dependent Children (AFDC).

A high birth and fertility rate also contribute to the rapid growth of this population group (Giachello, Bell, Aday, and Andersen 1983). The fertility rate of Mexican women in the U.S. is higher than that of any other ethnic group (Andersen, et al. 1981; Ventura 1983, 1985). Andersen, et al (1981) and Sabagh (1980) attribute this trend to Mexican American values concerning childbearing and family size. Lewin (1979) notes that a significant influence on the fertility rate is the Latina woman's attitude toward children and the value she places on them. The women in her study believe that having children will encourage their husbands to be more responsible and committed. Consequently, women will become pregnant early on in the marriage. Whether the husband remains in the marriage or not, the children become a primary source of emotional and financial support for the mother.

Latina women have often described their relationships with their children as being the most rewarding and stable relationships that they have. The relationship between a mother and her children is more meaningful to her than that of her husband or her friends. That maternal bond is perceived as being a prime example of true and deep love (Lewin 1979). However, the influences of the American culture have threatened the strength of the maternal bond

and its affiliated loyalty. To counteract this, Latina women in the U.S. focus much of their time and energy on their children, attempting to strengthen that bond of love and loyalty. In 1975, Lewin's research revealed that Latin women generally believe that they should be altruistic, self-sacraficing, and always put their children's needs first. This attitude is demonstrated through their constant devotion to their children.

Motherhood legitimizes a Latina woman's status in the community and enables her to enter into a women's friendship group. Though her children are her major focus, she also finds support through friendships with other Latina women. Together, they share the burden of childrearing by exchanging childcare and housework services. These friendship groups and relationships are their major cultural outlet. These female social groups are also the major information centers for discussions about health and disease (Lewin 1979).

When they first arrive, Mexican immigrants do not understand how the health care system in the U.S. works. Some of them are unaccustomed to monetary transactions for the provision of health services. In rural areas of Mexico, folk healers and midwives are the main source for healing (Davis, et al. 1983). Since many of these new immigrants are poor, their health status is also poor and they have consistently higher rates of illness than the Anglo population (Aranda 1971; Quesada and Heller 1977). Yet, they underutilize the community health resources

available to them (Anderson, et al. 1981). On the other hand, they overutilize hospital and emergency room care (Chavez, Cornelius, and Jones 1985). In terms of prenatal services, research has shown that Mexican Americans receive medical checkups (Roberts and Lee 1980; Andersen, et al. 1981), prenatal care (Bullough 1972; Teller 1978), and family planning services (Bullough 1972) less often than the Anglo population. The utilization pattern of undocumented Mexican immigrants has been difficult to ascertain since there is little comprehensive information about them. They attempt to remain unnoticed due to their illegal status and the fear of deportation (Chavez, Cornelius, and Jones 1985).

Since Mexican women are young, poor, and undereducated, several health problems arise. They tend to have a high incidence of perinatal health complications and infant mortality. These complications can be correlated with particular health problems common among Hispanic women: obesity, diabetes, hypertension, and high triglyceride levels (Stern 1981). Obesity is estimated to occur in 45% of the population. In one sample, diabetes occurred in 10% of the women over 45 years old. It is believed to be both environmentally and genetically related. Hypertension affects over 40% of elderly Mexican American females. High triglyceride levels are associated with obesity, diabetes, and hypertension. Studies about health attitudes reveal that Mexican women feel somewhat unable to control their

weight and are less willing to exercise, avoid sugar, and diet when compared to Anglo American women (Stern 1981).

Specific dietary deficiencies that are common among Hispanic women could adversely affect their unborn child (HEW 1979). Their average intake of protein, riboflavin, and thiamine are more than adequate. However, there are deficiencies reported in three major nutrients. Their Vitamin A, iron, and calcium intake are below recommended standards. These particular nutrients are extremely important during pregnancy. Vitamin A is necessary for the development of fetal organs and tissues. Iron is essential in the production of red blood cells. Calcium is needed for the formation of the infant's bones. If the mother is not consuming enough calcium, her baby will take calcium from her body storage.

Barriers to the Utilization of Health Care Services

As mentioned before, the fertility rate is high and the utilization rate of community health services is low. There are several reasons why health services are underused by the Hispanic population. Underutilization appears to be the result of economic, cultural, and health care system barriers (Marin et al. 1983). At the economic level, the rising cost of medical care and the lack of medical insurance have contributed to much of the underutilization. In 1979, the California Raza Health Alliance determined that

over 35% of the Mexican Americans in California were medically uninsured.

Cultural barriers that can affect the utilization of prenatal health services include attitudes related to familism, machismo, and a woman's perception of the amount of control that she has over the circumstances in her life.

Familism

Familism refers to the value placed on the family as the center of life, rather than on the individual (Murillo 1976). Familism is expressed in the following ways: 1) the individual is second to the family in importance, 2) the family becomes her major source of support and 3) devotion to the family can deter her from seeking outside help.

First, the individual takes a secondary place to that of the family and must behave in such a way as to not disgrace the family. If, for example, an unmarried Mexican girl was to become pregnant, it would not be uncommon for her to be cut off from the family. Many young Mexican women arrive in the U.S. already pregnant, ready to begin a new life since their family ties have been severed (Personal Communication, Sarah Gomez, March 9, 1990).

Second, the family is the major means of emotional support and financial security. The family members are expected to turn to the family in time of need, rather than to outside sources. Murillo (1976) points out that the pride and dignity of the family is threatened when an individual seeks outside help.

Third, the family's expectations and the high value placed on it can deter individuals from using community health care services. Pregnant Mexican mothers often seek advice and follow all the instructions of their mothers, relatives, and older women concerning childbearing beliefs and practices (Hecht 1976). They tend to look to their family and friends as sources of information, rather than to outside medical sources.

Another barrier to receiving necessary prenatal care is the lack of knowledge about appropriate health practices. Even when Mexican women are aware of good health practices, they are often reluctant to adopt them due to cultural or traditional ties (Ramirez and Cousins 1983). However, familism combined with occupational stability has been shown to encourage early prenatal care among pregnant women (Hoppe and Heller 1975). Nevertheless, prenatal services are still underused.

Machismo

Machismo which means "manliness" is a cultural phenomenon associated with Mexican males. The Mexican culture is male dominated and the authority in the home rests on the husband and father (Murillo 1976). He demands respect and obedience and acts as the disciplinarian. The wife and mother's role is one of devotion to her children and husband. She is expected to support her husband's actions and decisions, and care for and serve his needs above her own. Her major responsibility is to her children and home.

She is emotionally bonded to her children, even when they are adults. The children are indulged, but expected to be respectful to the father. In the Mexican culture, the male and female roles are clearly differentiated (Tamez 1981).

Machismo denotes both positive and negative attributes (Tamez 1981). The positive attributes are courage, gentleness, responsibility, leadership, respect, honor, dignity, and compassion. A man is expected to lead his home, control his wife, and direct his children. It is a dishonor to be proven wrong, so his wife is always expected to support him. Machismo expresses itself through aggressiveness, sexual virility, and independence. Machismo at a negative extreme denotes absolute power and potential exploitation of women, excessive pride, and the use of violence to maintain control (Gaitan 1975). From such a perspective, women are seen as those whose purpose in life is to comfort and bring pleasure to men. At this extreme, wife beating and heavy drinking demonstrate male superiority and dominance. Large families reflect a man's level of sexual virility. Tamez (1981) has pointed out that these are stereotypical views of Mexican men. Nevertheless, machismo does have an influence on the fertility behavior of Mexican women. If the husband wants many children, the wife is culturally expected to fulfill his desires and support his decisions. As a result, Mexican families are often very large. However, decisions about family size are also influenced by the ability of the parents to provide adequate food and clothing for all of their children. The

children's educational future and overcrowding are additional considerations (Jorgensen and Adams 1987).

Personal Control

The extent to which Mexican immigrant women participate in preventive health care programs is also influenced by their sense of personal control over future outcomes (Castro, Furth, and Karlow 1984). The Mexican culture has three definitions for self-control (controlarse): aguantarse, resignarse, and sobreponerse. Aguantarse denotes the ability to endure stress during adversity. Resignarse refers to the passive resigning of oneself to accept one's fate. Sobreponerse refers to one's participation in working through or overcoming a problem. The Mexican culture defines self-control as enduring, working through adversity, and accepting one's fate. The definition of control is basically a response to difficult changes.

In contrast, the American culture defines self-control as the "control of one's emotions, desires, or actions by one's own will" and being in control as "exercising a regulating influence over, to direct or dominate" (Webster 1984). This definition of self-control implies that one has the ability to affect change in one's attitude, actions, and possibly the circumstances as well. Self-control, then, is an active bringing about of change in oneself and potentially in the situation. The concept of control deals with affecting change, rather than simply responding to change.

With these definitions in mind, it is apparent that Americans use preventive health care services because they believe that their personal actions can affect present and future outcomes, and bring about a desired result. Not surprisingly, Mexican immigrants are not active participators in preventive health care programs because their perception of their ability to control and influence is based on their response to problems after they arise--not before. If Mexican women perceive future outcomes as being outside of their control, they are less likely to accept personal responsibility to improve their own (or their baby's) health (Castro, Furth, and Karlow 1984). Consequently, they may be unmotivated to participate in a prenatal care program.

Health Care System

Some major factors influencing the underutilization behavior of low income Hispanics are the structural barriers within the health care system (Marin, et al. 1983). The inconvenient locations and service hours, and inadequate public transportation deter some women from entering a clinic (California Raza Health Alliance 1979). Those who do attend a clinic face barriers if they have undocumented status or speak only Spanish. They also face a three to four hour waiting line, with no child care. In addition to these, other major barriers to adequate medical care are financial costs and the lack of medical insurance.

Marin, et al. (1983) implemented a research project to assess the utilization practices and attitudes of low income Hispanics in Los Angeles. The results of their study indicated that in addition to a high rate of illness, a significant portion (30%) who were in need of medical care, did not seek it out. It was also discovered that only 10-20% of the respondents sought preventive care or prenatal care. They usually only sought health care for symptom relief. However, there is no substantial evidence that traditional folk or religious beliefs about health care interfere with the utilization of available family health care services (Jorgensen and Adams 1987).

Benefits of Prenatal Care

Pregnant Hispanic women benefit greatly from early prenatal care. A 1977 study (Medina 1980) showed that a significant percentage of Hispanic women in California received prenatal care late in their pregnancy, while some of the women (3-5%) received no prenatal care at all. Research indicates that early prenatal care decreases the occurrence of fetal deaths. Medina's study revealed that the occurrence of neonatal deaths dropped from 9.94 in 1976 to 2.07 in 1977 as a result of a community, bilingual prenatal care program. Prenatal examinations are necessary to detect early problems and to prevent complications which could adversely affect the unborn child. Some detrimental effects that can occur are a low birth weight and potential

developmental and handicap disabilities. Early prenatal care has been shown to decrease infant mortality rates, the occurrence of fetal deaths, and the frequency of high-risk births (HEW 1979). Local prenatal centers also address the mother's needs through advanced technological equipment. These prenatal care centers encourage contraceptive use to enable women to more effectively space their pregnancies and decrease the possibility of high-risk births. Prenatal care centers also provide nutrition education in varying degrees. In 1977, the major obstacle to receiving prenatal care was the lack of legal documentation.

Conclusion

Until recently, there were no state or federal funds available to provide MediCal benefits for the millions of undocumented Hispanics in California (Marin, et al. 1983). In 1990, however, the lack of legal documentation verifying one's status is no longer an obstacle to receiving prenatal care. Clinics in California are now required by law to provide low cost bilingual services to undocumented immigrant women on the condition that they are pregnant. Medi-Cal now pays for all pregnancy expenses, regardless of legal status. However, not every immigrant entering the U.S. realizes that legal status is unnecessary for receiving prenatal care. Consequently, the fear of deportation and the assumption that prenatal services are unavailable to them continues to be an obstacle even today. This lack

of awareness continues to be a problem since undocumented women tend to avoid interaction with health care facilities (Personal Communication, Sarah Gomez, March 9, 1990). Even when women become aware of the services available to them, they may not deem it necessary to obtain preventive health care for their unborn child. The inaccessibility, the inconvenience, and the lack of bilingual personnel continue to be factors affecting the use of prenatal care services. In cities with large Spanish speaking populations, clinics are staffed with bilingual personnel and are centrally located. However, the waiting lines and the lack of child care continue to be barriers.

III. TEACHING PRENATAL CARE THROUGH CONTENT-BASED ESL

As mentioned in Chapter Two, community clinic prenatal care classes are currently the most effective means of providing prenatal education to Mexican-born women. However, these classes are limited in their capacity to educate all of these immigrant women because of the various cultural and health care system barriers. The classes are also taught only in Spanish, so they tend to encourage the social and cultural isolation that exists between the dominant English speaking community and the Mexican community. For these reasons, I would like to suggest the possibility of teaching prenatal health care in the context of an ESL class. An ESL class which teaches English language skills concurrently with prenatal care practices could be a very effective means of addressing the health care and English language needs of the women in the Spanish speaking community. Because content-based ESL instruction has proven to be an effective method of teaching content through ESL, it would be feasible to teach prenatal care using this method. Within the confines of this thesis, I have designed a content-based ESL prenatal care curriculum that focuses primarily on content, and the development of vocabulary, reading, and conversation skills. The four skills, reading, writing, speaking, and listening are integrated throughout the curriculum, as needed. However, the development of grammar, pronunciation, and spelling skills

are not addressed. These language skills should be taught by the ESL teacher as problems arise.

Benefits of Teaching Prenatal Care Through ESL

There are several benefits of teaching prenatal care through ESL. First, Mexican women who are reluctant to visit a prenatal clinic can receive the same information while attending an English class. A second benefit is that the ESL class is already perceived as a resource for information and learning. Women who prefer to look to their relatives and friends for health and prenatal advice rather than to clinic personnel, may be interested in receiving health instruction and advice in the context of an ESL class. A third benefit is that they will be learning English and will be more prepared to interact with the hospital personnel who do not speak Spanish. If all their training is in Spanish, they could be at a disadvantage during the labor and delivery process. Another benefit is that prenatal education in an ESL class will train these women to take preventive measures to insure the health of their baby before they even get pregnant. A fifth advantage is that ESL adult education is and will probably continue to be a major recipient of federal and state funding.

ESL Materials Related to Prenatal Care

Now that it has been established that teaching prenatal care through content-based ESL is both beneficial and feasible, one needs to consider what materials to use. I discovered that there is one ESL text that specifically addresses the health care needs of pregnant women. The resource is entitled Health II (Bayley et al. 1979) and includes one chapter on parenting and family planning, and a second chapter on pregnancy and childbirth. This text and its companion volume Health I (Bayley et al. 1979) are designed for high intermediate and advanced ESL students. Unfortunately, Health I and Health II are no longer being published. Nevertheless, I was able to find a copy of Health I. Although Health I does not focus on prenatal care, it does include some useful information. The chapter entitled "Preventive Care and Health Maintenance" has a useful conversation and tapescript describing a woman having a check-up. The chapter on nutrition provides information on the basic four food groups and the major nutrients: protein, carbohydrates, fats, water, minerals, and vitamins. Since Health I and Health II are no longer in print, it is apparent that, in terms of ESL resources, a gap exists in the area of prenatal care.

There are, however, a number of ESL resources that teach health education. Within this broad range are topics that pertain to prenatal care such as nutrition, finding a doctor, doctor visits, etc. Clovis Adult School (1981)

has developed a LifeSchool Health curriculum that is competency-based with a content focus. This curriculum is an excellent resource for teaching health education through ESL to beginning level students. It consists of assessment materials, teaching resources, a teacher's guide, lesson plans, and student handouts. The Health curriculum contains ten major topics: Staying Healthy, Nutrition, Adult's Health, Home Safety, First Aid, Medicines, Children's Health, Emergency, Medical Care, and Dental Health. Within each topic are numerous sub-topics and correlating handouts. As extensive as this LifeSchool curriculum is, however, it does not include information specifically on prenatal health care. Nevertheless, there are individual units that teach information pertinent to the needs of pregnant women.

The "Medical Care" chapter includes the following handouts: Finding Qualified Doctors, Phone Book Listings, Choosing Your Doctor, Calling for an Appointment, The Registration Form, the Nurse's Examination, Medical History, Talking with Your Doctor, and The Doctor's Examination (Handouts 8-18). The unit on "Children's Health" provides some information on how to care for newborns. The handouts on immunization records and ages is very helpful. The importance of regular check-ups and teething are also explained. The unit entitled "Staying Healthy" provides information on food, eating habits, exercise, rest, unhealthy habits, smoking, alcohol, and drugs. The entire chapter on "Nutrition" could be effectively incorporated

into a prenatal care curriculum. It provides information on nutrition, the four food groups, serving sizes and how to count them, and junk food. The chapter on "Adult's Health" has three handouts that would be useful: Blood Pressure, The Pap Test, and Other Tests. This last handout discusses tests for diabetes, heart disease, and glaucoma. The "Emergency" chapter also provides some useful information on finding and using an emergency room, and what questions the patient will be asked.

Another excellent resource for teaching health education is Need a Doctor? (Lappin and Feinglass 1981). There are units within this text that would be applicable to pregnant women. The text is written for high beginning and intermediate levels and focuses primarily on developing reading and writing skills. The first unit is on making appointments, which is a useful skill for pregnant women. One unit, in particular, is entitled "Meet the Nurse." Within this unit are the following topics: Getting Ready, Putting on the Dressing Gown, Height and Weight, Blood Pressure, Heart-beats, Temperature, and More Waiting. Unit Four presents some doctor-patient interactions that would be relevant to pregnant women: Answering Questions; Medical Words; Questions; The Examination; Heart, Lungs, Stomach; Helping the Doctor; and Tell It Exactly. Unit Five is entitled "Lab Tests and Specialists" with the following topics: Going to the Lab, The Urine Sample, The Blood Sample, Many Kinds of Tests, and X-rays. These are all topics that pregnant women should have some understand-

ing about. Unit Ten, "Your Medical History," is an excellent resource for introducing students to questions about their medical history and to the medical form itself. In my research, I have found Need a Doctor? to be the most useful ESL text addressing the needs of pregnant women.

The English Spoken Here series Health and Safety (Merriman and Plimpton 1982) also provides useful information. It includes a grammar exercise book and a comprehensive conversation book. There are three chapters that would be useful: How Are You Feeling?, What Did the Doctor Say?, and Is That Good for You? The first two chapters include conversations and grammar exercises on talking to a doctor. "Is That Good for You?" presents information about food groups and serving sizes. The series is designed for the high beginning, low intermediate ESL student.

An ESL text that deals specifically with nutrition is entitled Eating Right (Gaebe 1990). It explains the four food groups in detail and discusses serving sizes. The text would be a beneficial asset when teaching a unit on nutrition since proper nutrition is vital to prenatal care. This resource focuses primarily on developing reading and conversation skills. It is designed for students at the intermediate ESL level.

For the high intermediate and advanced levels, Basic Health (La Rue 1988) is a useful resource. The chapters on human reproduction and nutrition would be beneficial supplements to a prenatal care curriculum at higher levels.

Other less extensive resources for teaching health education to beginning level students are standard survival texts which include a section on health and doctor visits. At the beginning level, I was unable to find any information beyond filling out a medical form, making an appointment, and basic conversations. At the intermediate level, however, there was more information in the texts related to prenatal care. The Expressways series (Molinsky and Bliss 1988) includes conversations with the doctor, doctor recommendations, and filling out a medical history. English in Everyday Life (Kirn 1988) has a chapter on health explaining medical care, medical insurance, doctor's statements, and insurance forms. This text is primarily designed to develop reading and writing skills. Where to Go, Who to See, What to Do? (Udvari 1973) has a chapter on health and medical services. It explains health and medical services, Medicare, and public health programs. This resource would need to be updated by the instructor.

Other Prenatal Care Resources

Although there are few ESL materials available that focus on prenatal care, there are other teaching resources that could be used to teach prenatal care through English. The bilingual materials that community clinics distribute through their prenatal classes could be readily incorporated into an ESL class since they are written in a simple and comprehensible form. The Orange County Health Care

Agency offers four prenatal care classes to limited and non-English speaking expectant mothers. The instructors are bilingual and the classes are taught to these women in Spanish. Many of the handouts used in the classes are written in a bilingual form.

The first prenatal care class (Class I) gives an overview of the male and female reproductive systems and menstruation. The importance of prenatal appointments, diet, vitamins, regular exercise, and the avoidance of alcohol, smoking, and drugs is discussed. A list of danger signs during pregnancy and information about the mother's weight distribution is presented. The curriculum also explains ways to be more comfortable during pregnancy and beneficial exercises one can do. Information about the baby's development month by month and the effect it has on the mother is presented in detail. A list of the various types of discomfort a pregnant woman undergoes and intervention to relieve the discomfort is explained in several handouts. Films are used to explain the stages of labor.

The bilingual handouts (Gimbel 1987) that are given to the students include the following: Do You Want to Know About Birth Control?, Good News for Pregnant Women: You Do Not Need to Be a Citizen to Get Medi-Cal, and Sex During Pregnancy. The handout "How Do I Grow During Pregnancy?" presents a number of diagrams depicting the baby growing in the mother's womb. This handout explains how much weight the mother should gain during the 1st, 2nd, and 3rd trimesters of pregnancy. A set of handouts entitled

"How Does My Baby Grow?" depicts and describes the baby's development during each consecutive month of pregnancy. One handout "The Elevator Exercise" explains how to exercise the pelvic muscle. The remaining bilingual handouts "Leg Cramps," "Constipation," "Fatigue," "Nausea," "Heartburn," and "Backache" explain intervention techniques to prevent and relieve these common pregnancy symptoms.

The Orange County Health Care Agency offers three other classes on newborn care. Class II provides the expectant mother with information about newborn characteristics and his or her basic needs. Class III discusses breast-feeding and formula feeding. It also lists signs of illnesses in the baby. Class IV provides the expectant mother with information about how to care for her own body after she gives birth. This class includes discussions on nutrition, signs of illness, family planning, emotional needs, exercise, and support.

To enhance the students' understanding of what is happening during pregnancy, it is essential that one include graphics as a teaching tool. Childbirth Graphics Ltd. (see resource list, p. 146) is a company that designs visuals, slides, and resources which demonstrate the various phases of the pregnancy process. Some of the resources available are poster series depicting the three trimesters of pregnancy, charts depicting the changes occurring in the uterus, and a poster demonstrating various positions for labor. They can also provide fetal, placenta, and newborn plastic models. In addition, there

are a number of videos, books, and slide programs available.

Adapting Material for Content-Based ESL Instruction

Since there is a limited number of ESL materials relating to prenatal care, an ESL instructor might consider creating his or her own materials. When adapting material for content-based ESL instruction, one must consider the goals of materials adaptation and the steps to achieving them.

If the target group is elementary, secondary, or university level students in an academic setting, the major goal is to enhance student comprehension of the course material, while addressing language problems as they arise. The ultimate goal is to enable ESL students to learn second language content independently (Snow, Brinton, and Wesche 1989). There are some general guidelines to consider when adapting materials: the needs of the students, the juxtaposition of language and content objectives, textual features, and informational content.

Taking into consideration the needs of the students, the instructor can design language activities that correlate the students' level of language proficiency with the content material. To make the material more comprehensible to the students, the instructor could adapt it for visual emphasis by presenting the information in various formats (Short 1989). If the students' proficiency level is low,

it would be advantageous to use pictures, graphs, and diagrams. For example, a picture series or flow chart can be used to communicate a process. As the students progress, more appropriate formats would be outlines, charts, timelines, and prose. Outlines summarize essential information in a given paragraph. Timelines convey the sequential order of data, and charts provide the students with an opportunity to compare and contrast information (Short 1989). The instructor should also be sensitive to language and content problem areas that will arise as the course progresses (Snow, Brinton, and Wesche 1989).

A second factor to consider is the juxtaposition of language and content objectives. This requires that the ESL instructor correlate the language objectives with the content material and design appropriate language activities (Snow, Brinton, and Wesche 1989). Therefore, the instructor needs to keep the grammar simple in order to enhance student comprehension of the content. He or she could teach primarily in the present, present continuous, simple past, and simple future tenses. When teaching low level students, the instructor could use mainly the subject-verb-object format and avoid using complex sentences with multiple clauses. It may also be necessary to repeat the subject, rather than rely heavily on the use of pronouns (Short 1989). However, such adaptation might result in stilted, unnatural sounding prose. Nevertheless, at the lower levels, comprehension of the content takes priority over natural expression.

At the higher levels, however, the instructor may present the information in a more authentic, natural way such as in prose or paragraph form, following certain guidelines. For instance, each paragraph should begin with a topic sentence so that the students will learn to recognize the main idea. The topic sentence will also provide a context through which to understand the supporting facts in the remainder of the paragraph. Sequential phrases and terms such as "first," "then," and "because" can also facilitate student comprehension by guiding the flow of information throughout the text (Short 1989).

A third factor to consider when adapting materials is that some textual features of authentic academic texts can hinder student comprehension. Therefore, the ESL instructor may need to revise, paraphrase, and summarize authentic texts by deleting or adding features (Snow, Brinton, and Wesche 1989). For example, an instructor may want to reduce the amount of text and highlight the main points, omitting extraneous details. Underlining, italics, and bold-faced printing can be used to indicate the main idea and essential facts. The instructor may also want to emphasize new vocabulary by introducing it at the beginning of the lesson. It is beneficial to explain the new terms before presenting them in the text, and then to reinforce the terms throughout the text.

A final point to keep in mind is that new informational content can be made more accessible to the students through the incorporation of exercises that build upon

their previous knowledge (Short 1989). If the students are somewhat familiar with the content, the new information will already be accessible to them. The instructor can facilitate student comprehension by designing pre-reading exercises and exercises that will enable them to organize the reading content. Graphs and information grids can help the students to organize the reading material, and enable them to distinguish the important facts from the details (Snow, Brinton, and Wesche 1989). During this process, the instructor attempts to guide the students' level of understanding from the concrete to the abstract (Short 1989).

When the target group is adult ESL students in a non-academic setting, the major goal of materials adaptation is to make the information more accessible to the students. Although the above guidelines for materials adaptation are designed for content-based ESL instruction in an academic setting, they can readily be applied to the teaching of adult ESL students as well.

Benefits of Materials Adaptation

There are several benefits when an ESL instructor adapts material to the needs of his or her students (Madsen and Bowen 1978; Short 1989; Snow, Brinton, and Wesche 1989). Materials adaptation, in general, is a natural outgrowth of teaching as the instructor personalizes and clarifies the material being presented. The adaptation of material can enhance student motivation since the instruc-

tor makes the examples more relevant to the students' experiences. The use of graphics and illustrations can also stimulate student interest in the subject matter. Second language acquisition is enhanced as the instructor provides sufficient explanations and practice exercises at the learners' level of understanding. Materials adaptation also ensures that the learners will be taught the contemporary and correct usage of the language (Madsen and Bowen 1978).

A major benefit of materials adaptation for content-based ESL instruction is that it enables students to learn the content material of authentic texts. It also enables the instructor to effectively facilitate the development of cognitive academic language skills. Materials adaptation is beneficial simply because it is effective and necessary; it enables limited English proficient students to succeed in an academic environment (Snow, Brinton, and Wesche 1989).

When ESL instructors adapt and develop content material from authentic texts, they have complete control over the information and can adjust the content to the students' proficiency level (Short 1989). They can adapt and develop material as the course progresses (Snow, Brinton, and Wesche 1989). As a result, it is the teaching-learning process that drives the curriculum rather than a set of language teaching materials (Candlin and Breen 1979).

Since the ESL teacher has total control over the content, he or she can design exercises particular to the skill development needs of his or her students (Short 1989). Graphs and picture series can be used to develop speaking and writing skills. Timelines, maps, and charts are good resources for listening and information gap activities. The students develop study skills as they take notes, and they can make outlines and charts from prose. Through the presentation of information in graphic and adapted forms, the students are able to analyze relationships, make inferences, and rephrase information. The instructor can also exclude any language in the content material that indicates a cultural bias, and can introduce new cultural information appropriately (Short 1989).

Designing a Content-based ESL Prenatal Care Curriculum

Since a gap exists in the area of prenatal health care and ESL, I decided to design a content-based ESL curriculum on prenatal care to meet the specific education and language needs of limited English proficient women. The guidelines for materials adaptation mentioned above provided me with a structured framework to follow. I needed to first consider who my target population would be. I chose Mexican women since they have a higher birthrate than any other immigrant population in the U.S. I decided to target high beginning and intermediate students since a

certain command of the English language would be necessary to fully comprehend the information.

As I researched books on pregnancy and prenatal care (Danforth, Hughey, and Wagner 1984; Kitzinger 1987; and Milunsky 1987), I reduced the amount of text to include only the main points. I organized the student work sheets to highlight the main concepts being presented. The grammar presented in the student handouts focuses on the present, present continu-ous, past, and future tenses. The subject-verb-object format is primarily used throughout the handouts, as well. I incorporated diagrams and pictures to enable the students to understand important processes and events that occur during pregnancy. To vary the format of the presentation, I required that the students complete charts, as the material lent itself to such activities. I controlled the new vocabulary by clearly introducing the new words at the beginning of the handouts, giving the teacher opportunity to explain any technical terms.

Pregnancy is a familiar concept to women in every culture to varying degrees. However, many women do not understand what is happening in their bodies and how their baby is developing. Through the presentation of graphics and films, I attempt to move the students from an understanding of the concrete to an understanding of the unseen. By building on the students' prior knowledge of the pregnancy process, I attempt to lead them along a continuum from what is known to what is unknown.

Since this curriculum follows general guidelines for teaching English language skills and prenatal care in the U.S., it could be taught to women from various cultural groups. Although I targeted Mexican women and used Spanish names, most of the lessons are not geared specifically to those from a Hispanic culture. This curriculum could be easily adapted to Southeast Asians or other cultural groups by simply changing a few lessons and names.

CONCLUSION

Content-based ESL instruction is proving to be an effective method for teaching both language and content material. The strength of this approach is its potential to teach content, to improve second language proficiency and, in an academic setting, to develop the cognitive academic language skills of ESL students. Content-based ESL also appears to be a viable alternative to bilingual education, and the "sink or swim" approach at the elementary, secondary, and university levels. It may well be that content-based ESL will become a standard method of ESL instruction at the secondary and university levels in the not so distant future.

The prenatal health care needs of Mexican immigrant women has recently become an area of concern for the United States health care system. Mexican women have the highest birth rate of any immigrant population in the U.S. Yet, they face obstacles to receiving adequate prenatal care. Since content-based ESL instruction has proven to be effective, it could be a beneficial and practical means of teaching these women English language skills and prenatal care practices, before and during their pregnancy.

Content-based ESL materials which focus on prenatal care are virtually non-existent. Therefore, if prenatal care is to be taught through ESL, one needs to adapt authentic materials for content and language teaching purposes. The guidelines suggested for materials

adaptation can make this process both worthwhile and accessible to ESL instructors.

My final chapter is a prenatal care curriculum which is designed to be useful to ESL instructors. The information is basic but essential, and the lesson plans leave room for expansion. It includes the significant events and interactions that occur during pregnancy. My hope is that this curriculum will enable immigrant women to more effectively care for their unborn children, while practicing and developing their English language skills.

IV. A CONTENT-BASED ESL PRENATAL CARE CURRICULUM

A CONTENT-BASED ESL PRENATAL CARE CURRICULUM

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Introduction

Notes to the Instructor

Content:

This curriculum is designed for students at the high-beginning ESL level. The language content is basic except for specialized vocabulary; therefore, it could be taught to any level that has a reasonable command of the English language. However, since so many new words are being presented, students at a high-beginning level might benefit more from it than those at a lower level. The content information on prenatal care was taken from Danforth, Hughey, and Wagner (1984), Kitzinger (1987), and Milunsky (1987). The drawings on Handouts 1-11 were adapted from Danforth, Hughey, and Wagner (1984). The drawings on Handout 12 were adapted from Kitzinger (1987). See p. 146 for a recommended resource list.

Objectives:

I have included a set of objectives that address the content of each lesson. However, I did not expand on the more obvious English language objectives for the sake of brevity. I am assuming that any instructor who will be using this curriculum has some experience teaching ESL and vocabulary development. The objectives that I did not mention, but that should be taught are skills in vocabulary development, pronunciation, spelling, reading comprehension of simple sentences, and understanding the meaning in context. Although I incorporated the four language skills, reading and speaking skills are the main focus of language development.

Vocabulary Development:

Most of the handouts include a section on "Words to Learn". Some of the terms are related specifically to prenatal care and pregnancy; the rest are common words that I thought the students may not know. Because there are so many new vocabulary terms, I have included some general techniques for teaching vocabulary development. As you develop these exercises, be careful not to introduce new vocabulary words in the process. The exercises presented below are designed for high beginning level students. American Vocabulary Builder (Seal 1990) is an excellent resource for ideas.

Suggestions for Vocabulary Exercises

For Handout 7 - A matching exercise would work well. Match the vocabulary words in column A with their definitions in column B.

A	B
1. umbilical cord	a) something your body doesn't use
2. placenta	b) to take care of
3. oxygen	c) attached to the fetus
4. remove	d) around
5. waste products	e) fluid that protects the fetus
6. nutrients	f) it gives the fetus oxygen
7. blood	g) to grow
8. protects	h) needed for breathing
9. liquid	i) vitamins, protein
10. to form	j) something you can pour
11. surrounded	k) necessary to live
12. amniotic fluid	l) to take away

For Handouts 10-13, a definition exercise would work. Name the correct organ for each definition.

a) used for breathing _____.
b) it changes food to energy _____.
c) used for thinking _____.
d) needed for body movement _____.
e) holds the body up _____.
f) it pumps blood through the body _____.
etc.

For Handout 17, a True or False exercise would work. Read the statements below. Write T if the statement is true, and write F if the statement is false.

1. A translator is a person who speaks your language and English._____
2. A medical history is information about your job._____
3. A family history is information about your family's health._____
4. A physical examination is a written test on the parts of your body._____
5. To take a blood test, the nurse must cut your finger and examine your blood._____
6. Stirrups are used to hold your legs in place on the doctor's examining table._____
7. A PAP-smear is part of the doctor's examination._____
8. The cervix is where the baby grows for nine months._____

Word Scrambles and Spelling Bees are also good ways to develop spelling skills.

Lesson 1: A Woman's Reproductive System

Objective:--to learn the various parts of a woman's reproductive system.

1) Introduce the lesson by asking the students if they know how and where a baby grows in the mother's body.
   Write the following terms on the board: reproductive system, fallopian tubes, ovary, uterus, and vagina.
   Present a color diagram of the uterus and point to each organ.

2) Give out Handout 1.
   Read it as a class and discuss it.

3) Give the students Handout 2.
   Read it as a class.
   Instruct the students to label the diagram.

4) Explain that in the term "Fallopian tube", the "f" is capitalized because "Fallopian tube" is named after the doctor who discovered it in the 1500's, Gabriel Fallopius.

Lesson 2: A Woman's Reproductive System--Review

Objectives:--to be able to correctly label the various reproductive parts.
--to demonstrate an understanding of the reproductive system by completing a cloze test.

1) Give the students Handout 3. Have them label each organ.

2) Before taking the cloze test, give them 5 minutes to re-read Handouts 1 and 2. Then instruct them to put the handouts away.
   Instruct the students to read the test and fill in the blanks with the missing words.
   If the students are unable to remember the vocabulary words, ask one student to write the four terms on the board.
   When the students have finished, read the paragraphs to them as they check their work.

A Woman's Reproductive System

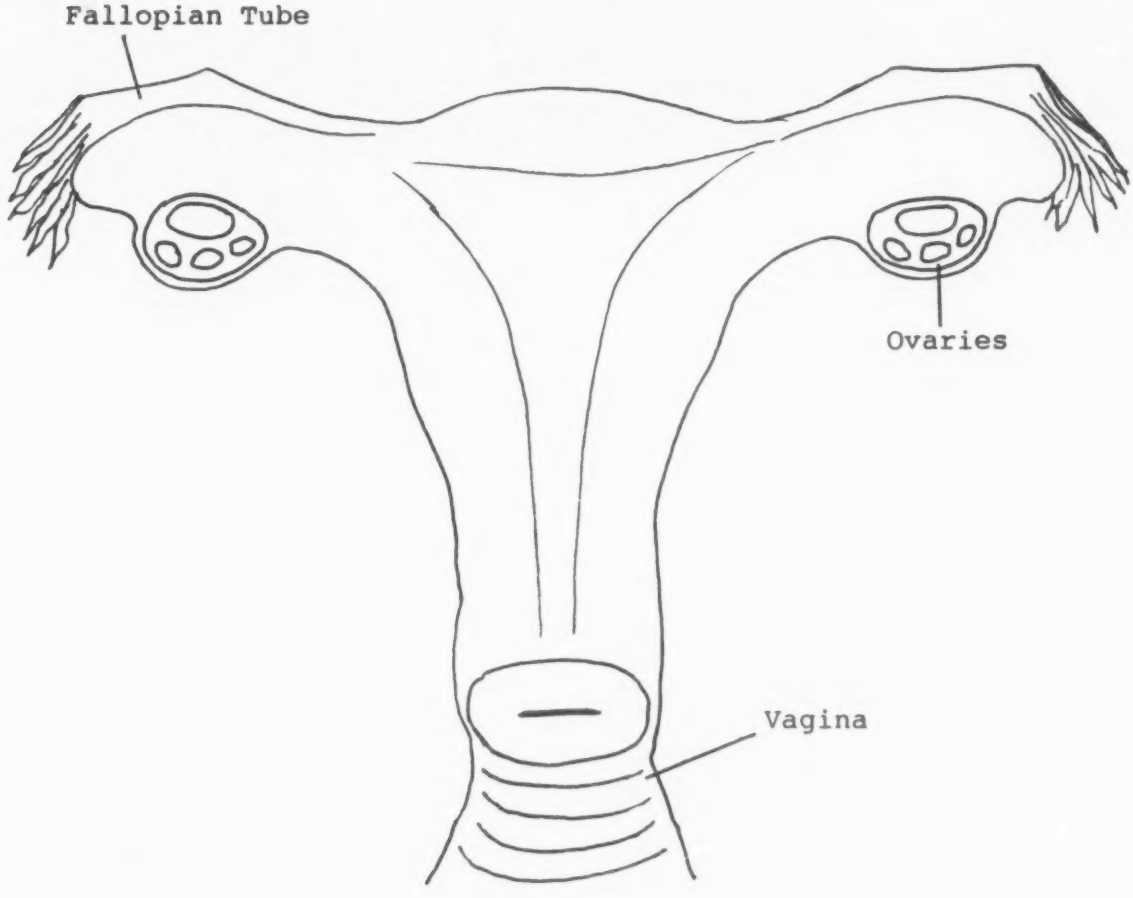
Words to Learn: reproductive system, enables, fallopian tube, ovary, uterus, vagina, reproductive system

Every woman has a reproductive system.

Her reproductive system is the part of her body that enables her to have a baby.

This is a picture of a woman's reproductive system.

When the reproductive system works, it makes a baby inside the woman.



A Woman's Reproductive System

Words to Learn: pathways, sexual organs

There are 4 parts of the reproductive system: the fallopian tubes, the ovaries, the uterus, and the vagina.

The ovaries keep the egg cells.

The Fallopian tubes are the pathways through which the egg(s) travel.

The uterus is where the baby grows.

The vagina is the woman's sexual organ. The baby leaves the mother's body through her vagina.

Word Scramble: Re-write the correct words next to the scrambled words.

esirovas .....

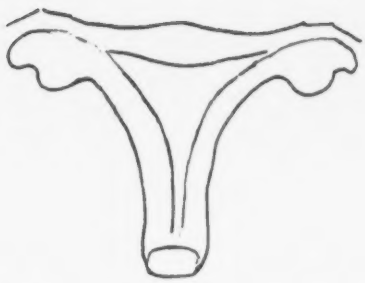
reusut .....

loFalanipusteb .....

nigava .....

A Woman's Reproductive System--Review

Write the name of each organ under its picture.



---------- ---------- ----------

_____

Every woman has a _____ system.

____ reproductive system ___ the part of her _____ that enables her to have a _____.

When the reproductive _____ works, it _____ a baby _____ the woman.

There are ___ parts to a woman's reproductive system:

the _____ tubes, the _____, the _____, and the _____.

The _____ keep the egg cells.

The egg cell travels _____ the _____.

The _____ is where the baby _____.

The _____ is the woman's sexual organ.

Lesson 3: How Pregnancy Begins

Objectives:--to demonstrate reading comprehension by drawing in arrows to indicate the direction of the sperm and egg cell movement.
--to explain in writing how pregnancy begins.

1) Write the "words to learn" on the board, and discuss. Give the students Handout 4. Read it together.

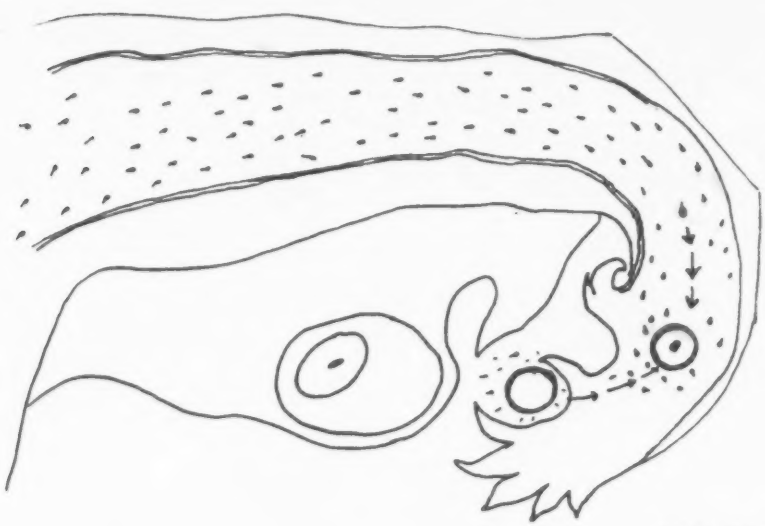
2) Have the students draw in arrows indicating the movement of the sperm and egg cell.

3) Have the students write their own explanation of how pregnancy begins based on what they just read in the handout.

How Pregnancy Begins

Words to Learn: sperm cells, release, ovulation, penetrates, pregnancy

During sexual intercourse, millions of sperm cells from the man enter the woman's uterus through her vagina.
These sperm cells go up into her fallopian tubes.
Every month, the woman's ovaries release 1 or 2 egg cells.
This is called ovulation.
When a sperm cell penetrates an egg cell, they unite and pregnancy begins. Look at the diagram below.



Draw in arrows showing the movement of the sperm cells.

Lesson 4: The Reproductive Process

Objective:--to understand the movement of the ovum as it develops.

1) Give the students Handout 5.
   Read the first paragraph. Instruct the students to draw arrows on the diagram, indicating the direction that the ovum is moving. Read the rest of the handout.

2) Ask the students the following (or similar) questions:
   Where do the sperm and egg cell meet? (Fallopian tube)
   Where does the baby grow? (uterus lining)
   How long does it take for the ovum to reach the mother's uterus? (2-3 days)
   How long does the ovum float in the uterus? (4-5 days)

Lesson 5: The Reproductive Process--Review

Objective:--to explain in writing what occurs in a woman's body during the reproductive process.

1) Give the students Handout 6.
   Instruct them to write a paragraph explaining the reproductive process in their own words based on the diagram. Have the students write using the present tense. They may refer to the other handouts for ideas.

The Reproductive Process

Words to Learn: ovum, multiplying, floats, implants, fetus, lining

The ovum begins to leave the Fallopian tube and enter the uterus. This takes 2-3 days. During this time, the ovum is multiplying and making more cells like itself. Look at Diagram 1.

When the ovum reaches the uterus, it floats there for 3-4 days. Then it implants itself in the lining of the woman's uterus. At this point the ovum becomes a fetus. Look at Diagram 2.

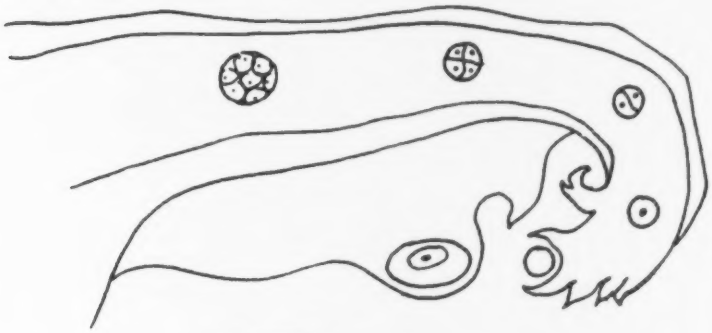


Diagram 1

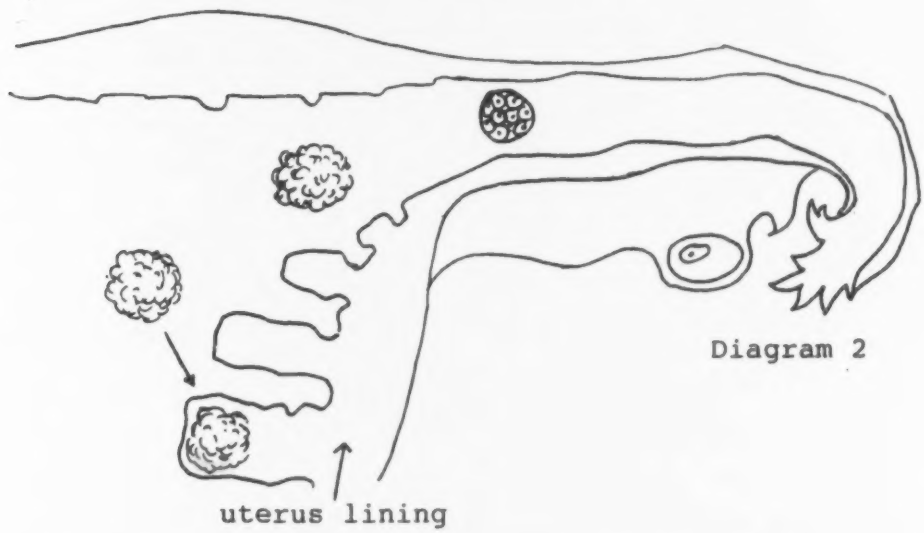
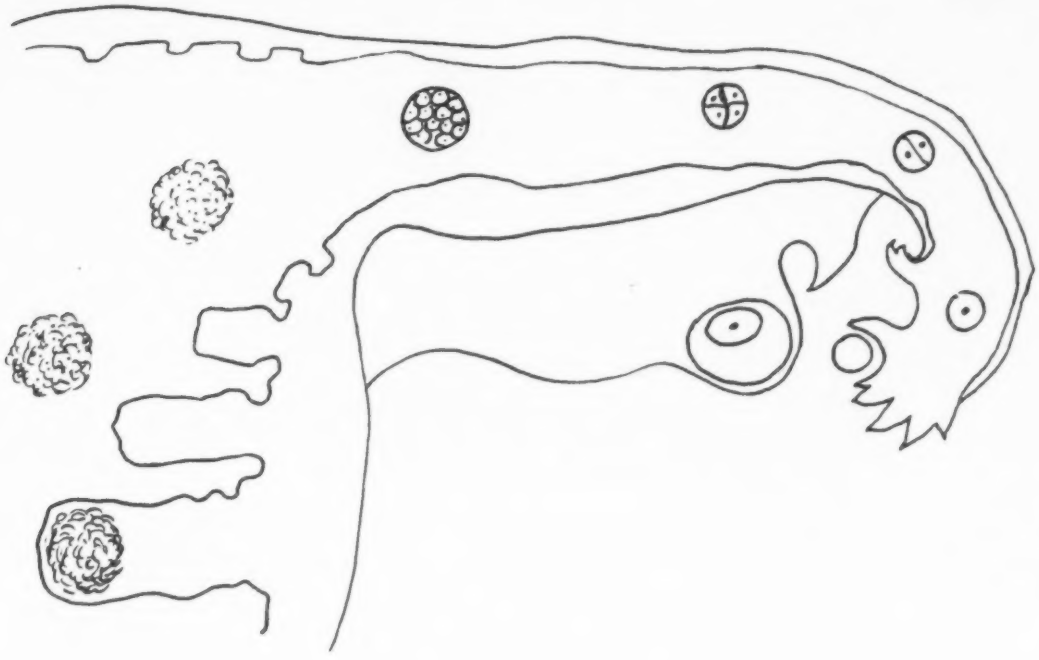


Diagram 2

Draw in arrows showing the movement of the ovum.

The Reproductive Process: Review

Look at the diagram below.



Write sentences explaining the reproductive process.

Use the present tense.

1)

2)

3)

4)

Lesson 1: The Fetus Grows

Objective:--to be able to understand, and answer questions about fetal development.

1) Introduce this topic by placing the students in pairs and asking the students "What is a fetus?"

2) Give the students Handout 7. Read aloud as they read along silently.

3) Tell the students to turn Handout 7 over. Instruct them to first draw a picture of a woman's uterus; then a picture of the protective bag inside the uterus; then a picture of a fetus inside the protective bag; then a picture of the fetus' umbilical cord; then a picture of the placenta connected to the umbilical cord.

4) Bring in a guest speaker from the nursing field to explain what the fetus is and how it grows.
Before he or she arrives, introduce and review some terms: reproductive system, fallopian tubes, uterus, fetus, placenta. The speaker should demonstrate with a model or photographs. Either you or the speaker should check for understanding by showing the students various photographs and asking them "What is this?"

Lesson 2: The Fetus Grows--Review

Objective:--to demonstrate an understanding of the material by completing a cloze test.

1) Introduce the lesson by asking the students to recall what they have learned from the guest speaker.

2) Instruct the students to take out Handout 7 and re-read it.

3) After they are finished with Handout 7, tell them to put it away and give them Handout 9, a cloze test of the reading in Handout 7. Instruct them to fill in the blanks. Then read it to them.
If the students have used alternate wording for fillers (alternative words with similar meanings), teach a lesson on synonyms. For example, the word "form" can be a synonym for "grow"; "gets bigger" can substitute "grows bigger", etc. Explain that the word "baby" can replace the word "fetus", but that a fetus is an unborn baby. A baby that has been born is not called a fetus.

The Fetus Grows

Words to Learn: stages, form, lining, surrounded, protective, liquid, amniotic fluid, protects, umbilical cord, attached, connects, placenta, oxygen, removes, waste products, nutrients, blood

The fetus is a baby in its beginning stages.

The fetus begins to form right after the ovum enters the lining in the mother's uterus.

The fetus grows in the uterus 9 months. Then it is born.

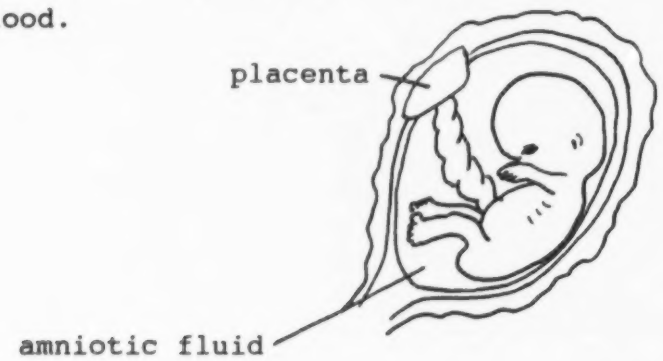
In the mother's uterus, the fetus is surrounded by a protective bag. (See diagram)

Inside the bag, there is a liquid called the "amniotic fluid." The fetus floats and moves around in the amniotic fluid. The amniotic fluid protects the fetus.

The fetus has an umbilical cord. The umbilical cord is attached to the fetus and the placenta. The umbilical cord connects the fetus to the placenta.

The placenta is attached to the wall of the uterus.

The placenta gives the fetus oxygen and it removes waste products. It feeds the fetus nutrients from the mother's blood.



The Fetus Grows--Review

The fetus is a _____ in its beginning stages. The _____ begins to _____ right after the ovum enters the _____ in its mother's _____. The fetus grows in her _____. The uterus ____ where the fetus lives for _____ months until it is _____. In the mother's uterus, the fetus is _____ by a protective bag. Inside the bag, there is a liquid called the _____. The fetus floats and moves around in the amniotic fluid. The amniotic fluid _____ the fetus. The fetus has an _____ cord. The umbilical cord is attached to the _____ and the placenta. The _____ connects the fetus to the placenta. The _____is attached to the wall of the _____. The placenta gives the fetus _____ and removes _____ products. It _____ the fetus nutrients from the mother's _____.

Lesson 3: How the Fetus Grows--The First Month

Objectives:--to learn the names of selected body organs, their location and function.
--to learn about fetal development.
--to draw the body organs on a diagram of a fetus.

1) Introduce this lesson by showing the students a large color poster of the human body and explaining the following organs: the brain, lungs, digestive organs, nervous system, heart, spinal cord, and kidneys. Ask the students "What does this (organ) do?"

2) Then show the students another large diagram of the human body without any organs. Using color magnetic cut outs, instruct some students to place each organ in its appropriate place on the poster. Ask questions such as:

   "What is this called?"
   "Where does it belong in the body?"
   "What does it do or (what is it used for?)"

   Do this with the brain, lungs, digestive organs, heart, and kidneys.

3) Show the students the March of Dimes film "Journey to Birth." The film shows the stages of fetal development.

4) Give the students Handout 10. Read it aloud, while they read silently. Tell the students to look at Diagram 3 on Handout 10. Have them draw in the brain, lungs, digestive system, and heart of the fetus.

How the Fetus Grows--The First Month

Words to Learn: trimester, fertilized egg, settles, brain, lungs, digestive organs, nervous system, develop, heart, beats, form, human

Month 1

The fertilized egg settles into the lining of the uterus.

The placenta forms.

The baby's brain, lungs, and digestive organs grow.

The nervous system begins to develop.

The baby's heart beats.

The eyes, ears, and nose form.

Diagram 1 shows how the fetus looks when it is 3 weeks old.

Diagram 2 shows how the fetus looks when it is 4 weeks old.

Diagram 3 shows a human body. Draw pictures of the brain, lungs, digestive organs, nervous system, and heart.

Diagram 1

3 weeks

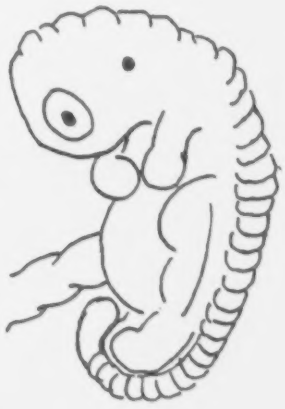


Diagram 2

4 weeks

Diagram 3

5 weeks

Lesson 4: How the Fetus Grows--The Three Trimesters

Objectives:--to be able to answer questions about fetal development.
--to write about the changes that occur during the three trimesters.
--to recognize the present continuous tense and know its function.

1) After giving out and explaining the new vocabulary words in Handouts 10-13, ask the students to describe the changes that occur during the first, second, and third trimesters. For example, "What happens to the fetus during the first trimester?"
Write these descriptions on the board, under their appropriate headings.

2) Instruct the students to write sentences explaining the baby's growth during the first, second, and third trimester.

4) Ask the students "What is the 'present continous' tense?" Explain that is a verb form that indicates an action has begun, but has not yet finished. Ask them to find and underline all of the present continuous verbs in Handouts 10-13. Emphasize that the present continuous verb includes a form of "be" and " _____ing."

How the Fetus Grows--The First Trimester

Words to Learn: spinal cord, intestines, divides, weighs, 1/3, ounce, oz., swallow, kidneys, working

Month 2 (6 weeks)

The fetus is 1 inch long and weighs 1/3 ounce.

A human face forms.

The spinal cord forms.

The intestines and organs grow.

The brain divides into 3 parts.

The hands, fingers, knees, toes, and ankles form.

The bones form.

The fetus now looks like a tiny person.

Month 3 (8 weeks)

The fetus is 3 inches long and weighs 1 oz.

The sexual organs begin to form.

The mouth can open and it can swallow.

The kidneys are working.

The fingernails and toenails form.

The fetus can move its hands and legs.

How the Fetus Grows--The Second Trimester

Words to Learn: joints, muscles, recognize, pound, umbilical cord, heart beat, eyebrows, eyelashes, wrinkled, suck, pounds

Month 4 (12 weeks)

The fetus is between 8 and 10 inches long.

It weighs about 6 ounces.

The joints are forming.

The muscles are working.

The eyes can move slowly.

It can recognize its mother's voice.

The bones are getting strong.

The brain is developing.

Month 5

The fetus is 12 inches long and weighs 1 pound.

The placenta and umbilical cord work.

The doctor can now hear the baby's heart beat.

The mother can feel it move inside her.

Its fingernails and toenails grow.

Month 6

The fetus is 14 inches long.

It weighs between one and two pounds.

The eyes can move fast.

The eyebrows and eyelashes grow.

The skin is red and wrinkled.

The fetus can suck its thumb.

How the Fetus Grows--The Third Trimester

Words to Learn: smooth, covered with, birthing position, movements, pelvis, brain cells, inner ear, antibodies, lbs.

Month 7

The fetus is 15 inches long and weighs 2-3 lbs.

Its movements are fast.

The skin is now smooth.

His or her body is covered with soft hairs.

Month 8

The fetus is 16.5 inches and weighs 4 lbs.

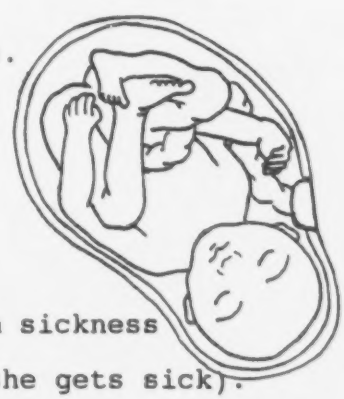
The eyes are open.

It is now in the correct birthing position.

It drops into the mother's lower pelvis.

The hair on his or her head is growing.

Month 9



The fetus is 20 inches and weighs 7.5 lbs.

The brain cells are growing fast.

The inner ear has formed.

The head is very large.

His or her body is making antibodies.

(Antibodies protect your baby's body from sickness and help your baby to get well if he or she gets sick).

Lesson 1: Finding a Doctor

Objectives:--to find a doctor by using the phone book.
--to scan a listing of doctors for the words "obstetrics-gynecology" (or its equivalent) and for nearest location.
--to be able to write the names, phone numbers, and addresses of doctors as dictated.

1) Give the students Handouts 14A and 14B. Read it aloud while the students read it silently. (Explain that the doctors listed on Handout 15A are not authentic).

2) Make photocopies of a telephone book page listing of doctors in the area. Ask the students to look for all the doctors who can help them when they are pregnant. Tell them to write their names down on a list. Correct as a class.

3) Explain the differences between the terms "obstetrician-gynecologist" and "obstetrics-gynecology". Explain what the suffixes indicate.

4) Dictate a random list of doctor's names, phone numbers, and addresses from the photocopied telephone book page. Instruct the students to write down what they hear.

Finding a Doctor

Words to learn: pregnant, treats, concerns, share, Obstetrician-Gynecologist, offices, private practice, group practice, clinic practice, low-cost, Medi-Cal, OB-GYN doctor

When you are pregnant, it is important to find a good doctor.

There are many kinds of doctors.

You need to find a doctor who treats pregnant women and their health concerns. This kind of doctor is called an Obstetrician-Gynecologist. Different doctors work in different offices.

A doctor who works in his own office has a private practice. His name is on the door of his office, and he is usually very expensive to visit.

Doctors who share an office have a group practice. They work in a very large office and each has his or her own patients.

Doctors who work in a clinic have a clinic practice. Clinics are usually low-cost or free for people who have Medi-Cal.

To find a good OB-GYN doctor:

-You can ask your friends or relatives.

-You can ask other women at work.

-You can ask your family doctor.

Finding a Doctor

Words to Learn: listing, physicians & surgeons, MD, phone listings, Obstetrics-Gynecology, receptionist, feel comfortable with

-You can call a hospital or clinic and ask them if they have a listing of OB-GYN doctors in your city.

-You can look in the Yellow Pages of your phone book under "Physicians & Surgeons, MD." Look for a doctor's listing that includes Obstetrics-Gynecology.

Look at the phone listings below. Answer the questions.

Physicians & Surgeons,MD

Connors, Cynthia MD
30131 Town Center Drive
Orange 472-6307

Cook, John Jr MD
Obstetrics-Gynecology
16500 Nutwood Ave
Fullerton 528-7981

Dohlberg, Frank MD
Diploma Family Practice
27000 Paseo Drive
Anaheim 472-9765

1) Which doctor do you need to see if you are pregnant?

2) Which number should you call?

3) What's the address of this doctor's office?

After you have the name of a doctor, you can call his or her office to ask questions. You may only be able to talk to the receptionist. When you call, if you don't like the way they talk to you, you can call another doctor's office. You should go to a doctor that you feel comfortable with.

Lesson 2: Making an Appointment

Objectives:--to ask questions over the telephone.
--to make an appointment.

1) Give the students Handout 15B. Read it together and instruct the students to practice the dialogue in pairs.

2) Ask the students to listen to the following phone conversation (on tape cassette).

Receptionist: Dr. Hamilton's office.

Alicia: Yes. Do you accept Medi-Cal?

Receptionist: No, we don't. But the L.A. County Medical Center does.

Alicia: How much do you charge for a pregnancy test?

Receptionist: $18.

Alicia: Can I make an appointment?

Receptionist: Yes, you can. Will this be your first visit with us?

Alicia: Yes.

Receptionist: How is Monday, September 13th at 3:00?

Alicia: That's fine. How much is a regular office visit?

Receptionist: It's $50.

Alicia: Okay, thank you.

---

3) Tell the students to listen to the conversation again and answer the questions on the bottom of Handout 15. Explain that the doctor charges a lower price for a pregnancy test than for a regular office visit.

4) For homework, tell the students to call an OB-GYN doctor and ask questions like the following:
"How much does a pregnancy test cost?"
"How much is an office visit?'
"Do you take Medi-Cal?"
"Do you take Cigna?" (or a student's insurance plan)
"How much will my pregnancy cost if I don't have any insurance?"

Making an Appointment

Receptionist: Dr. McKay's Office.

Julia: Hello. I think I might be pregnant.

Receptionist: Would you like to come in for a pregnancy test?

Julia: Yes, I would. Do you accept Medi-Cal?

Receptionist: Yes, we do. (No, we don't. But the Orange County clinic in Santa Ana accepts Medi-Cal patients).

Julia: Could I make an appointment? (Do you have the phone number of that clinic?)

Receptionist: How is Tuesday the twenty-third, at 10:00? (Yes, the number is 741-5603).
(You can call information and ask for the Orange County clinic in Santa Ana).

Julia: That's fine. (Thank you. Bye.)

Receptionist: What is your name?

Julia: Julia Mendoza. Where are you located?

Receptionist: We are at the corner of Bristol and Main St. Our address is 2513 Bristol Ave, Suite F.

Julia: Okay. What hospital does Dr. Hamilton work with?

Receptionist: He works with St. Luke's Hospital.

Julia: Okay. Thank you.

Listen to the phone conversation and answer the questions.

1. Does Dr. Hamilton accept Medi-Cal patients?_____.
2. How much will the pregnancy test cost?_____.
3. When is Alicia's appointment?_____.
4. Is this Alicia's first visit with this doctor?_____.

Lesson 3: Pregnancy Tests

Objective:--to learn about pregnancy tests
and how to converse with a doctor.
--to learn the various synonyms for rest-room.

1) Give the students Handout 16.
   Practice the dialogue. Do pair work.

2) Ask the students what some synonyms for rest-room are
   and explain which term is most appropriate for the
   various environments. For example, rest-room is
   synonymous with bathroom, ladies room, powder room.
   Explain when to use which term.

Pregnancy Tests

Words to Learn: occurring, urine, sample, rest-room, urinate, Beta HCG, blood hormone, conception, positive, negative, obstetrics

How do you know if you are pregnant?
Most women feel a change occurring in their body. Some women feel tired or a little sick in the morning. Others feel fine. If you think you are pregnant, go to a doctor and have a pregnancy test done.

1) Urine pregnancy test:
The doctor will give you a cup and say "I need a sample of your urine to test for pregnancy." You will then go to the rest room and urinate into the cup.
It takes about 5 minutes for the doctor to check your urine and find out if you are pregnant.

2) Beta HCG: The Beta HCG test is a blood hormone test. It shows pregnancy within days of conception.

If the doctor says "Your pregnancy test is positive," you are pregnant. If he says "Your pregnancy test is negative," you are not pregnant.

If you are pregnant, the doctor may say "Congratulations!" or "Is this something you were expecting?"
The doctor will say "You should get prenatal care at an obstetrics clinic or a doctor's office."

Dr: Your pregnancy test is positive. Congratulations!

You: Thank you. (Oh, really?) (I was afraid so).

Dr: Is this something you were expecting?

You: No, but I'm really happy about it. (Yes, I wanted to get pregnant). (Well, not really. What should I do now?)

Dr: You should come in to the clinic for prenatal care--once a month for the first six months, twice a month for months seven and eight, and once a week during the ninth month. Make an appointment with the receptionist to come in in four weeks.

You: All right. Thank you.

Lesson 4: The First Prenatal Visit

Objective:--to demonstrate reading comprehension by correctly associating pictures with their written procedures.
--to be able to respond to the doctor's questions.

1) Give the students Handout 17.
   Read the handout together. Give the students Handout 18 with pictures of the various procedures. Instruct the students to write in the name of each action above its picture.

2) Give the students Handout 19A.
   After reading it together, discuss the various terms. Have them practice the dialogue, then work in pairs.

3) Repeat #2 with Handouts 19B, 19C, and 19D.

The First Prenatal Visit

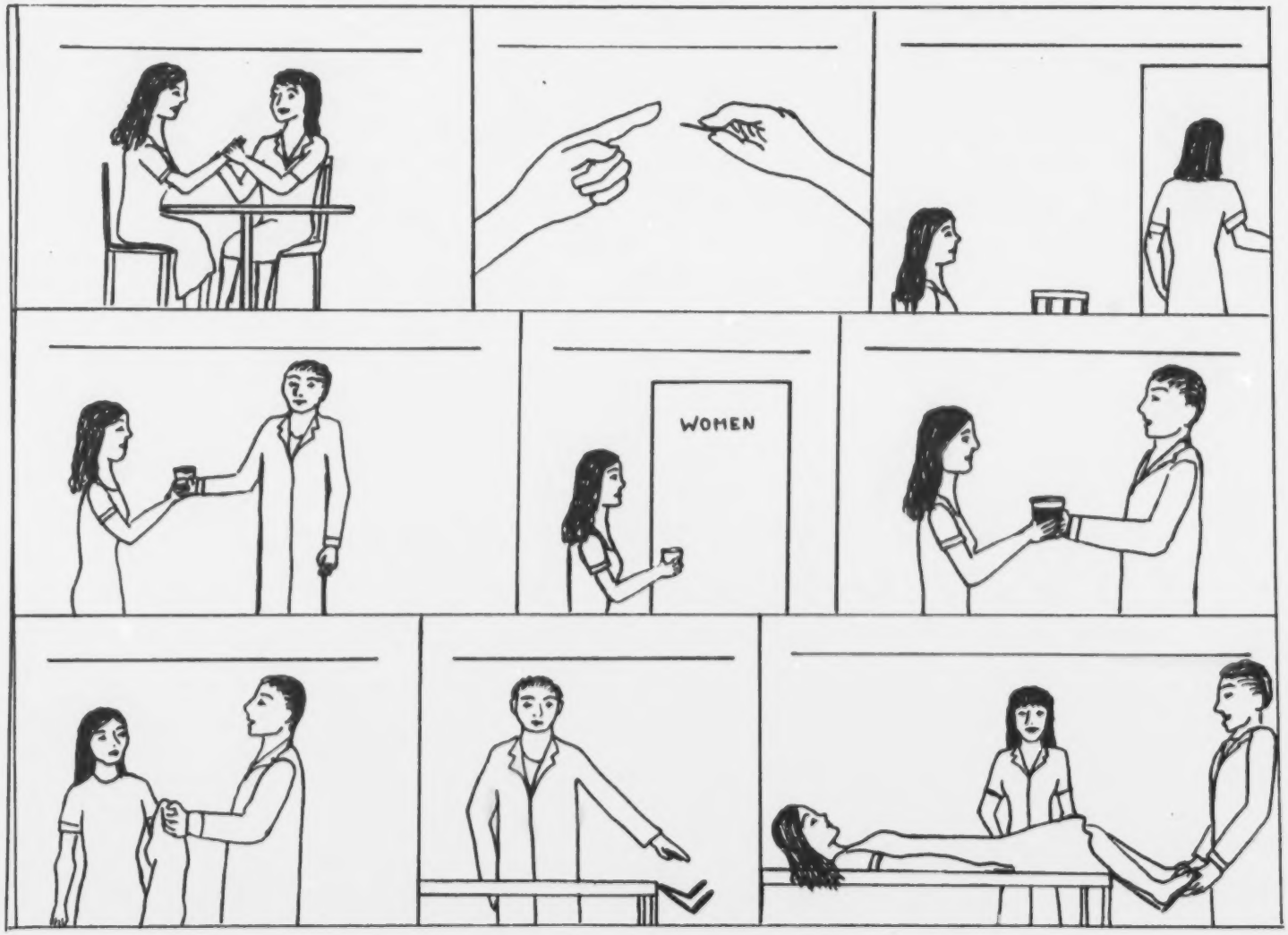
Words to learn: translator, information, medical history, family history, physical examination, blood test, squeeze out, gown, stirrups, cervix, PAP-smear

The first time you visit your doctor, go with your husband and a translator. Your doctor will give you important information that you need to understand.
Your doctor will ask you questions about your medical history, your family history, and your past pregnancies.
Then he will give you a physical examination.

The nurse will take a blood test.
She will cut your finger or ear and squeeze out a little blood. Then she will test it in another room.

The doctor will want to examine your urine.
He will give you a cup and tell you he needs a urine sample. You will go to the rest room, urinate in the cup, and give the cup of urine to the doctor or nurse.

The doctor will tell you to undress, and put on a hospital gown. He will tell you to sit on the table, and put your legs in the stirrups. The stirrups hold your legs in place. He will then examine your pelvis.
He will also take a PAP-smear of your cervix.



Handout 18

The First Prenatal Visit

Words to Learn: menstrual period, bleeding, spotting, cramps, documentation

After the examination and testing is finished, your doctor will explain how to take care of your body and your baby that is growing inside you.

If the doctor does not speak your language, you need to have a translator there to explain everything and to help you answer your doctor's questions.

Your doctor will ask you many questions about your pregnancy. He will ask you questions like the ones below on Handouts 19A, 19B, 19C, and 19D.

History of your pregnancy:

A) When was the date of your last menstrual period?

B) March 20.

A) Have you been bleeding or spotting since then?

B) No, I haven't. (Yes, I have).

A) Have you had any pelvic cramps (pain in your pelvis)?

B) A little. (Every morning; Sometimes).

A) Do you have any documentation of a positive pregnancy test?

B) Yes. Here it is.

A) Was this pregnancy planned?

B) No, it wasn't. (Yes, it was).

A) How do you feel about being pregnant?

B) I'm excited about having a baby. (I'm happy, I'm scared).

Words to Learn: contraceptives, medications, estrogen

Menstrual period:

A) How old were you when you first started your period?

B) I was 14 years old.

A) How often does menstrual bleeding occur?

B) Every 4 weeks.

A) How much bleeding is there?

B) I bleed a lot. (A little; A lot for two days; A little for four days; I don't know).

A) Do you use contraceptives?

B) Yes, I do. (No, I don't).

A) When did you stop using them?

B) Last month. (In September).

A) Have you been taking any medications containing estrogen?

B) No, I haven't. (Yes, I have).

A) Is your period painful?

B) Yes, it is. (No, it isn't).

A) Has it ever been painful? When?

B) Yes, it has. (When I was 27; when I was sick; After...). No, it hasn't.

Words to Learn: labor, delivery, normal, Cesarean section, breech birth, anesthesia, blood pressure, vaginal bleeding, nausea, vomiting

Past Pregnancies:

A) Is this your first pregnancy?

B) No, it isn't. (Yes, it is).

A) When were you last pregnant?

B) 2 years ago. (Last year; 4 years ago; 9 months ago).

A) For how long?

B) For 9 months.

A) How much did your baby weigh?

B) She weighed 7 pounds 9 ounces. (6 pounds, 8 pounds 4 ounces).

A) How long was your labor?

B) 12 hours. (7 hours; 20 hours).

A) What kind of delivery did you have? (normal, Cesarean section)

B) It was a normal delivery. (I had a Cesarean section; I had a breech birth; My baby came out feet first).

A) Was anesthesia used?

B) Yes, it was.

A) Did you have any blood pressure problems?

B) No, I didn't. (Yes, I did).

A) Did you have any problems at all?

B) Yes, I had some vaginal bleeding for the first 3 months. (Yes, I had "morning sickness" (nausea, vomiting). Yes, I had pain in my stomach. No, I didn't.)

Words to Learn: gynecologic history, social history, family history

Your doctor will also ask you many questions about your past gynecologic history, past medical history, social and family history. You need to have a translator with you.

Lesson 5: A Visit to the Doctor

Objective:--to learn about what happens during a visit to the doctor.
--to be able to state the different procedures in writing, using the past tense and the first person singular.
--to be able to understand and answer the doctor's questions.

1) Give the students Handout 20.
   Read it together.
   Then role-play as the doctor using actual medical instruments (if possible). Have students volunteer to be the patient while you show them how the doctor takes their blood pressure, weighs them, etc. An obstetrical nurse or can be brought in to demonstrate. You can tell the students that she or he is an "obstetric" nurse.
   Note: The word "obstetrics" refers to the branch of medicine dealing specifically with the care of women during pregnancy and childbirth. The word "obstetric" and "obstetrical" is the adjective form (Webster 1977).
2) After watching the role-play, have the students write a paragraph explaining what had happened to them when they went to the doctor for a prenatal examination. Use only the past tense, first person.
3) Give the students Handout 21. Practice the dialogue, then instruct them to work in pairs.

A Visit to the Doctor

Words to Learn: gained, size, heart rate, belly, tape measure, check, pretend

During the first 6 months of your pregnancy, you should visit your doctor once a month.

During months 7 and 8, visit your doctor every 2 weeks.

During the month 9 of pregnancy, visit him every week.

At every visit,
he or she takes your blood pressure.
He or she weighs you to see how many pounds you have gained.
He or she checks the size of your uterus.
He or she takes a urine sample.
He or she checks the baby's heart rate.
He or she measures your belly size with a tape measure.
He or she asks you about any problems or questions you have.

Why is it important that the doctor check you every time?
The doctor must check and make sure that your baby is growing right and is healthy.

Writing: Pretend you are pregnant and went to visit the doctor last week. Write about what happened using only the past tense.

A Visit to the Doctor

Words to Learn: abdominal pain, infections, fever, chills, burning sensations, vaginal discharge

Your doctor will ask you questions about this pregnancy.

"Have you had any vaginal bleeding?"

-No, I haven't.

"Have you had any abdominal pain or cramping? How much?"

-Yes, just a little.

"Have you been feeling any nausea or vomiting?"

-Only in the mornings.

"Have you had any infections?"

-No.

"Have you had a fever or the chills?"

-Sometimes I get the chills.

"Have you had any burning sensations or feelings?"

-No.

"Have you felt pain when you urinate?"

-A few times.

"Have you had any problems with urination?"

-No, not really.

"Has there been any kind of vaginal discharge?"

-No.

Lesson 6: Danger Signs During Pregnancy

Objectives:--to be able to recognize danger signs that may occur during pregnancy.
--to learn how to discuss these symptoms in a telephone conversation.

1) Give the students Handout 22. Read and practice orally. Explain that the conversation is using the present perfect progressive tense. Also explain that in conversation, people often use the contracted form of "I have" and they say "I've" instead.
Explain that the present perfect is formed by using the present tense of "have" with the past participle of a verb. For example, "I have had too much to eat".
"I have been to Disneyland 4 times".
Explain that the present perfect progressive is formed by using the present tense of "have" with the past participle of "be" and a verb form in the continous tense "_____ing" form. For example,
"I have been going to school for 3 years".
"I've been working here for 9 months".
Note: There are many grammar books that include grammar exercises using these tenses. Please refer to them.

2) In pairs, have them practice a telephone role-play between a doctor and a patient, explaining the various symptoms using the present perfect or the present perfect continuous tense. Give examples on the board "I've been having problems..."
Note: If the students are at a lower level, you can re-write the conversation on the board in the present and present continous tense, and instruct them to practice the different conversations using these two tenses.

Danger Signs During Pregnancy

Words to Learn: symptoms, leaking, dizzy, see spots, confused, abdomen, swollen, emergency

Danger Signs

Call your doctor if you have any of these symptoms:

-you have vaginal bleeding

-amniotic fluid is leaking out

-you have problems urinating

-you have headaches

-you are vomiting after the 4th month

-you feel dizzy or you see spots

-you feel confused

-your face, hands, feet, or abdomen are swollen

-you feel cramps

Call your doctor if you have any questions or problems. Tell him your name and how long you have been pregnant. If it is an emergency, and your doctor is not there, go to the hospital and have a friend call him for you.

Dialogue: M: Hello, Doctor Smith, this is Maria Garcia.

Dr: Hello, Maria. How are you feeling?

M: Not so good. I've been having some vaginal bleeding.

Dr: Oh, can you come in to my office today at 3:00?

M: Yes, I can. I'll see you at 3:00.

Practice the dialogue in pairs.

Lesson 1: Changes in Your Body and What to Do

Objective:--to know what uncomfortable changes in the body may occur during pregnancy and the causes of some of these changes.
--to be able to state the home-remedy for each body change.
--to know when to call the doctor if the change may be dangerous.

1) Give the students Handouts 23-27.
   Read each handout aloud, as they read it silently.
   Explain vocabulary they don't understand.

2) Divide the class into 5 groups. Assign each group 2 case studies (refer to the Teacher's Handouts).
   Have each group write a dialogue about their case study between two friends or a doctor and a patient.
   Each group will write 2 dialogues (one for each case study), and will role-play their dialogues in front of the class.
   The dialogues will be between two people. One student will role-play the woman in the case study and describe the change happening in her body. The other person will give her advice about what to do.
   The written dialogues will be turned in.

Changes in Your Body and What to Do

Words to Learn: nutrition, morning sickness, crackers, liquids, avoid, Vitamin B6, contain, brussel sprouts, nutrients

During pregnancy, your body begins to change as your baby develops. Here are some changes that can happen.

1) **Morning Sickness:**

Morning sickness is a feeling of nausea that can happen at any time. It usually happens in the morning and during the first 3 months of pregnancy.

What to do?

Keep dry crackers next to your bed. After you wake up, eat some before you get out of bed.

Move slowly.

Drink liquids between meals, not with meals.

Eat many small meals, instead of 3 big meals.

Avoid fried food, beer, coffee, strong vegetables.

Eat bread, pasta, potatoes, and crackers.

Eat foods with Vitamin B6 because Vitamin B6 helps to stop nausea. Some foods which contain Vitamin B6 are:

hamburger, pork and beans, brussel sprouts, kidney beans, beef liver, chicken breast, bananas, tomato juice, and avocado

Even if you are not hungry because of morning sickness, keep eating good food that won't make you sick. Your baby needs the nutrients.

Changes in Your Body and What to Do

Words to Learn: constipation, constipated, bowel movements, bran cereal, parsnips, heartburn, esophagus digestive juices, massage, compress

2) **Constipation:**

Constipation means that you stop having regular bowel movements. Pregnant mothers become constipated because of changes in their body.

What to do?

Eat food high in fiber like bran cereal, peas, rolled oats, parsnips, dried beans, carrots, and whole wheat bread.

Drink 10 or more glasses of liquid a day.

Exercise regularly (5 times a week).

---

3) **Heartburn:**

Heartburn is a pain that you feel in your esophagus (near your heart). It happens because your baby is pushing against your stomach. Food and digestive juices from the stomach go up into the esophagus.

Heartburn happens in the last few months of pregnancy.

What to do?

To avoid heartburn, don't eat big meals. Eat many small meals to keep your stomach from getting too full.

---

4) **Leg Cramps:**

Sometimes during the night, your legs will get a cramp -- a muscle pain.

What to do? Massage it or put a warm compress on it.

Changes in Your Body and What to Do

Words to Learn: appetite, nauseous, minerals, exercise, craving, specific, cottage cheese

5) **Poor appetite:**

A poor appetite means that you are not hungry, and you don't want to eat. This can happen because you feel nauseous or because your body is not getting enough vitamins and nutrients.

What to do?

Think about what you have been eating. Make sure you are eating enough vitamins and minerals.

Eat many small meals.

Talk to your doctor.

---

6) **Big appetite:**

If you have a big appetite, you might gain too much weight and become fat. If you become fat while you are pregnant, it is very difficult to lose the weight after you have your baby. Being fat is not good for your body. Your heart has to work harder if you are fat.

What to do?

Don't try to lose weight while you are pregnant.

When you eat, eat slowly. Eat less and exercise more.

---

7) **Food Cravings:**

A food craving is a strong desire to eat a specific food like pizza, milk, cottage cheese, ice cream, or pickles.

What to do? Eat any food that you crave.

Changes in Your Body and What to Do

Words to Learn: swell, swelling, blood vessels, protein, elevate, circulation, % percent, overweight

8) **Swelling:**

Sometimes during pregnancy, your ankles can swell and become very big. Swelling happens because as the fetus gets bigger, he pushes against the mother's blood vessels going into her legs. The fluid from her blood goes out into her legs and later into the ankles.

What to do?

Don't diet. Don't stop using salt.

Eat a lot of protein.

Lie down and elevate your legs with pillows.

---

9) **Preeclampsia:**

Preeclampsia happens when your ankles, feet, and hands swell up, your blood pressure goes up, and there is protein showing up in your urine. This means that your kidneys and circulation are having problems. This happens to 7% (percent) of all pregnant women who are overweight during their first pregnancy.

What to do?

Eat good food high in nutrients.

Eat a lot of protein.

Don't stop using salt.

Get rest, stay in bed a lot.

See your doctor and tell him or her what is happening.

Changes in Your Body and What to Do

Words to Learn: nutritional anemia, pale, infections, iron, folic acid, calcium, molasses, oysters, prune, sweet bread, endive, figs, parsley, folacin pills, diabetes, obese,

10) **Nutritional Anemias:**

A woman with anemia is tired, looks pale, and gets infections easily.

Anemia happens because of a bad diet.

You need more nutrients in your diet, especially iron, folic acid, and calcium.

Iron is found in molasses, dried fruits, oysters, lima and kidney beans, baked beans, liver, kidney, prune juice, and spinach.

Folic acid is found in yeast, kidney, liver, sweetbreads, bran, peas, raw broccoli, spinach, endive, and nuts.

Calcium is found in cheese, milk, yogurt, nuts, egg yolk, figs, and parsley.

What to do?

Eat 2 foods with iron every day.

Eat 2 foods with folic acid in them every day.

Take iron and folacin pills. Drink them with orange juice.

See your doctor.

---

11) **Diabetes:**

If you are obese, you may get diabetes. Two percent of pregnant women get diabetes during pregnancy.

What to do?

Talk to your doctor.

Changes in Your Body: Case Studies

1) Maria went to the doctor because she was feeling sick in the mornings. She found out she was 6 weeks pregnant. She still feels sick when she wakes up. Sometimes she doesn't want to get out of bed, but she needs to go to work.

2) Theresa is 4 months pregnant. Her stomach feels full most of the time because she hasn't had a normal bowel movement in 4 days. She likes to eat white bread and cookies. She doesn't like to exercise.

3) Angela likes to eat rice, beans, and chicken every day. They are her favorite foods. She also eats a lot of desserts. She does not like to eat vegetables. Recently, she has not been very hungry and so she only eats 1 or 2 meals a day. She is 6 months pregnant.

4) Alexis is 6 months pregnant. She looks thin. She works and is tired most of the time. At work, she eats candy and cookies. She comes home, cooks dinner for her family and then is too tired to eat anything herself. Last week she cut her finger on a knife, and it still hasn't healed well.

5) Roberta is 8 months pregnant. She noticed that her ankles are getting fat. She is worried. She is afraid her ankles will never be thin again.

Changes in Your Body: Case Studies

6) Audrey is 7 months pregnant. She feels terrible. Recently, her feet and hands have swelled. When she went to the doctor she found out that her blood pressure was higher than it was at her last doctor's visit.

7) Suzanne is 3 months pregnant. She has been hungry for food that she doesn't usually eat. Her husband is worried about this change in her eating habits.

8) Julia just woke up in pain. She then woke up her husband and told him that her right leg was hurting. She can't move it at all. She wants to call the doctor.

9) Anna is 8 months pregnant. She has had an easy pregnancy until recently. Sometimes, after she eats, she feels pain in her chest, near her heart. She thinks she might be having heart problems.

10) Christina loves to eat. She was already 20 pounds overweight when she became pregnant. Now she is 5 months pregnant and she is 35 pounds overweight. She watches TV most of the day since her other children go to school. She is on welfare.

Lesson 2: Why Is Good Nutrition Important?

Objective:--to learn about the importance of good nutrition.
--to learn how to distinguish nutritious food from junk food.

1) Introduce the lesson by asking the students what "nutrition" means. Ask them what "good nutrition" means. Show them pictures of nutritious and junk foods, and ask them which food is nutritious and which is not.

2) Give them Handout 28.
Read it together, then explain the vocabulary words.

3) Compare the new words "nutrition" and "nutritious." Explain that the suffix "-tion" indicates that the word is a noun and the suffix "-tious" indicates that the word is an adjective.

Why Is Good Nutrition Important?

Words to Learn: nutrition, unhealthy, chemicals, junk food, nutritious

Good nutrition means eating good food.
The food you eat is the food your baby eats.
Good food will make your baby strong and healthy.
Bad food can make your baby weak and unhealthy.

Eating bad food or not enough food can make your baby too small.
Eating too much food can make your baby too big.

When you are pregnant, you need to gain weight.
Gain weight by eating good food, not bad food.
What is good food?
What is bad food?

In the first months of pregnancy, your baby's heart, liver, lungs, and other organs are growing fast.
You must eat good food to help your baby's body grow right.
You must eat food with a lot of nutrients.

Nutrients are chemicals found in food that your body needs to grow, be healthy, and work right.
Good food is nutritious food. It has many nutrients in it.
Bad food is junk food. It has very few nutrients in it.

Lesson 3: Important Nutrients

Objective:--to name some of the nutrients found in common foods.
--to describe a nutrient, specifically what foods it is in, and what it does for the body.

1) Give the students Handouts 29A, 29B, and 29C. Read it together. Teach each new word using photographs and pictures.

2) Show the students pictures of food and ask them "What nutrients are in this food?"

3) Divide the class into 6 groups. Assign one of these nutrients to each group. Then assign each student a number from 1-5 (depending on the size of the group). The members of each group are responsible for learning the names of the foods containing that nutrient and what that nutrient does for the body.
Then the members of the protein group will each disperse and form her own group. The members of the fats group will then disperse and join a protein member's group. This will continue until each new group has one member from the original protein group, one member from the fats group, one member from the carbohydrates group, etc.
Each member of the new group is an "expert" on her nutrient and explains her nutrient to the other students in her group. They, in turn, explain their nutrients. All the students will then be teaching each other.

Important Nutrients

Words to Learn: protein, fats, carbohydrates, necessary chemicals, sugars, starches, fibers, calories, starchy foods, waste, vitamins, fatty, nerves, protect, chick peas

There are six important nutrients that you and your baby need:

-protein

-water

-fats

-vitamins

-carbohydrates

-minerals

1) Protein is found in eggs, milk, cheese, meat, chicken, and fish.

   Protein helps build your baby's muscles, hair, skin, nails, and necessary chemicals. These chemicals in your baby's body help him digest food, fight sickness, and work well.

2) Fats are found in meats, eggs, milk, cheese, butter, peanuts, avocados, and oils.

   Fats help your baby's body use important vitamins.

   Fats are important, but too much fat is not good.

Important Nutrients

3) Carbohydrates are found in 3 forms: sugars, starches, fibers

A) Simple sugars are found in fruit, cake, and candy.
Simple sugars have no nutrients, only calories.
Eating too much food with sugar can make you fat.

B) Starches are found in whole grain, potatoes, pasta, dry beans.
These kind of carbohydrates are high in nutrients.

C) Fibers are found in starchy foods like bread and oatmeal. Fiber helps the body digest food. It stops constipation.

4) Water is a nutrient because it helps your body digest food. It carries waste out of your body and keeps your body temperature normal.
When you are pregnant, you need to drink 10 or more glasses of water, juice, or milk each day.

5) Vitamins are found in vegetables, fruits, and fatty foods.
The important vitamins to take during pregnancy are Vitamins A, C, D, E, K, and the B Vitamins.
You need to eat foods with many vitamins every day.
Vitamins help build your baby's bones, teeth, muscles, skin, eyes, and nerves. Vitamins protect your body and help your body to digest food.

Important Nutrients

6) Minerals are found in fruits, vegetables, and fatty foods. Some important minerals to take during pregnancy are calcium, iron, and folic acid.

You need to eat foods with minerals in them every day. Foods with minerals are milk, yogurt, cheese, cabbage, nuts, eggs, salt, bran, chick peas, and spinach.

Lesson 4: Good Nutrition and Bad Nutrition

Objective:--to be able to explain the cause-effect relationship of good nutrition and bad nutrition (on the fetus) orally and in writing.

1) Introduce the lesson by asking the students what some nutritious foods are.

2) Give the students Handout 30.
After you read it, write two categories on the board labeled "Good Nutrition" and "Bad Nutrition." Ask the students what the effects of good nutrition and bad nutrition are on the mother and her baby. Write their answers on the board.

3) Have the students write a paragraph explaining the effects of good nutrition on the fetus compared with bad nutrition.

Good Nutrition and Bad Nutrition

Words to Learn: low birth weight, normal birth weight, effects

You should gain between 15 and 25 pounds during pregnancy, but you should gain this weight by eating food that is high in nutrients.

The fetus gets nutrients from the food that the mother eats. The mother must eat food with a lot of nutrients because the nutrients first go to meet the needs of the mother's body. Then, if any nutrients are left, they go to the fetus.
This is why it is important to eat a lot of good foods that are high in nutrients during pregnancy.

If you don't eat good food high in nutrients when you are pregnant, your baby could be born small with a low birth weight.
A baby with a low birth weight is weaker and may not be as intelligent as a baby with a normal birth weight (7-9 lbs). This happens because the fetus did not get enough nutrients to help his brain and body grow strong.

Writing: Write a paragraph explaining the effects of good nutrition compared to bad nutrition on the mother and her baby.

Lesson 5: Foods You Need to Eat

Objective:--to learn about the seven food groups and serving sizes.
--to be able to recognize what foods belong to each food group.
--to write a 3-day menu for a pregnant woman.

1) Introduce the lesson by writing the word "serving" on the board. Ask them how much a serving is. Then demonstrate with actual food items what a serving looks like.

2) Give the students Handouts 31A and 31B. Read it out loud as they read it silently.

3) Write the names of the seven food groups on the board. Show the class color photographs of individual foods and ask them "What is this and which food group does it belong to?"

4) Instruct the students to write a 3-day menu for a pregnant woman including the correct servings from all 7 food groups for each of the 3 days.

Foods You Need to Eat

Words to Learn: food groups, dairy products, miscellaneous, specific, measured by, servings, muffins, margarine, mayonnaise, F/V, Misc.

A pregnant woman should eat something from each of the seven different food groups every day.

The seven food groups are:

-dairy products

-meats

-vitamin A fruits and vegetables

-vitamin C fruits and vegetables

-other kinds of fruits and vegetables

-breads and cereals

-miscellaneous food (oil)

You need to eat a specific amount from each food group every day. This amount can be measured by the number of servings you eat each day.

In the dairy product group, you need to eat 4 servings each day. Dairy products are milk, yogurt, and cheese.

In the meat group, you need to eat 2 servings each day. Meats are chicken, meat, fish, eggs, and dried beans.

In the Vitamin A group, you need to eat 1 serving every day. Some foods with Vitamin A are broccoli, carrots, green peppers, papaya, plums, spinach, and sweet potato.

Foods You Need to Eat

In the Vitamin C group, you need to eat 1 serving each day. Foods with Vitamin C are oranges, tomatoes, cantalope, papaya, green pepper, broccoli, cabbage, strawberries, and watermelon.

In the other kinds of fruits and vegetables group, you need to eat 2 servings every day. This group includes bananas, apples, peaches, grapes, potatoes, corn, peas, green beans, and beets.

In the breads and cereals group, you need to eat 4 servings every day. Breads, muffins, tortillas, rolls, pasta, rice, and hot and cold cereals are in this group.

In the miscellaneous (oil) group, you need to eat 2 servings each day. This group includes butter, margarine, oil, salad dressing, sour cream, cream cheese, and mayonnaise.

Below is a chart to help you remember what to eat. Write in the number of servings of each kind of food that you need to eat every day.

Dairy Products	Meats	Vitamin A	Vitamin C	Other F/V	Breads Cereal	Misc. (oils)
[ ]	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]

Lesson 6: Review

Objective:--to demonstrate reading comprehension by correctly answering the teacher's questions and by distinguishing nutritious foods from junk foods.

1) Give the students Handout 32.
   As you read paragraph one, ask them the following questions:
   -What are calories? (Calories are in almost all of your food. Calories give your body energy).
   -What are some high fiber foods? Why is fiber important?
   -Why is it important to drink a lot of water?
   -Do you like to put salt on your food?

2) As you read paragraph two, ask them the following questions:
   -Is this food good for you? (Show them junk food pictures)
   -Why is it bad to drink coffee or tea when you are pregnant?
   -Why is it bad to drink alcohol when you are pregnant?

3) Show the students 4 food pictures: 3 nutritious foods to 1 example of junk food. Ask them which one doesn't belong.

4) As you read paragraph three, ask them the following questions:
   -Why do you need to gain weight when you are pregnant?
   -What kinds of foods should you eat to gain this weight?
   -What should you do if you are already 30 pounds overweight when you get pregnant? Should you still gain weight? (Yes).
   -Do you like to exercise?

Review

Words to Learn: diet, calories, liquid, high fiber foods, saccharin, alcohol, overweight, exercise

You need a diet with all the nutrients.

You should get your calories from nutritious foods.

You need to eat high fiber foods.

You need to drink 10 glasses of water or liquid each day.

You can use salt on your food.

What Foods Not to Eat:

Don't eat foods that have no nutrients.

Don't eat candy, cookies, cake, or sodas because they have many calories and very few nutrients. If you always eat food with many calories, you can get fat.

Don't drink coffee or tea.

Don't drink or eat foods with saccharin.

Don't drink any alcohol.

How much weight should the mother gain?

If you are at normal weight, gain 24-32 pounds.

If you are overweight, gain only 20-24 pounds.

Never try to lose weight during pregnancy.

If you are gaining too much weight, eat less and exercise more.

Gain weight by eating good food, high in nutrients.

Lesson 7: Good Health Practices

Objective:--to learn what behaviors to avoid when they are pregnant.
--to learn the causes and effects of bad health practices.
--to learn how to give advice about bad health practices, and explain what can happen as a result.

1) Give the students Handouts 33A and 33B.
Read it aloud as they read it silently.
Write this (or your own conversation) on the board. Tell the students that A is a pregnant woman, and B is her friend or sister.

A: I need a drink. Do you have any wine?
B: Don't you know you shouldn't drink any alcohol when you're pregnant?
A: Why not?
B: Because your baby could be born physically deformed or mentally retarded.
A: You're kidding. Just from a glass of wine?
B: It's a good idea to stay away from all alcohol, even wine.

As a class, write a conversation for each bad habit.
Instruct the students to write down the conversations and role-play them.

2) Divide the class into 6 groups. Give each group their own case study (by cutting the Teacher's Resource worksheet into strips). Each case study presents a situation where the mother's behavior will have an effect on her unborn child.
In groups, the students will discuss the effects and write a dialogue between a pregnant woman and her doctor.
Two students will represent their group in front of the class and role-play.
The groups should assign each member a role.
There are 4 different roles: the facilitator, the speakers, the secretary, and the participators.
The facilitator is the leader of the group. She will assign people their roles and direct the discussion towards solving the problem and creating the dialogue.
The speakers will role-play the group's dialogue in front of the class.
The secretary will write down the dialogue.
The participators will participate in the discussion.

Good Health Practices

Words to Learn: allow, oxygen, physically deformed, mentally retarded, destroy, drugs, laxatives, diuretics, caffeine

Here are some important things you need to do and not do.

-Don't smoke.

Smoking does not allow enough oxygen to reach the fetus through the placenta. Smoking does not allow enough nutrients to get to the fetus.

Women who smoke usually have babies with low birth weights.

-Don't drink any alcohol.

Drinking alcohol can make your baby physically deformed or mentally retarded.

-Don't take any drugs, not even aspirin.

Drugs can destroy your baby's organs during the first 4 months of pregnancy.

Drugs can keep your baby from growing.

Don't take laxatives, diuretics, cough medicines, or aspirin unless your doctor tells you to.

-Don't take caffeine.

Caffeine is in coffee, tea, cocoa, and cola.

Caffeine will make you more nervous, sleepless, and you will need to urinate more often. Drink juices and water instead of coffee.

Good Health Practices

Words to Learn: cancer, insecticides, aerosol sprays, turpentine, cat litter, fumes, lead paint, glazed, regularly, recover, stress, naps

-Don't eat or drink foods with saccharin.

Saccharin may cause cancer.

-Avoid house paint, garden insecticides, aerosol sprays, turpentine, and cat litter. The fumes can hurt your unborn child. Don't cook or serve food in dishes painted with lead paint unless they are glazed.

-Exercise. Exercise regularly (3-5 times a week).

You will feel stronger, you will have more energy.

You will be healthier, eat better, and sleep better.

After your baby is born, you will recover fast.

You can walk, swim, play volleyball or tennis, jog.

The best exercises are walking and swimming.

If you have not been exercising, start slowly. Go on walks.

-Stress. Stress can cause your baby to have a low birth weight and to be unhealthy.

Stress destroys the protein, carbohydrates, fats, and Vitamin C in your body, so that more nutrients are being used on your body than on your baby. Eat good food, high in nutrients. Try to relax and rest.

Slow down and sleep 8 or more hours every night.

Take naps during the day, and exercise regularly.

Good Health Practices: Case Studies

1. A teenage girl gets pregnant, and doesn't find out until 2 months later. She likes to go to parties, and take drugs with her friends. Sometimes she takes pills that make her feel happy. What will happen to her baby?

2. Clare has been smoking for 12 years. She just found out that she's pregnant. She knows that smoking is bad for her baby, so she is trying to stop. But she still smokes a pack a day. How will this affect her baby?

3. Nancy is a drinker. She likes to drink beer, and get drunk at parties. She just found out that she is pregnant. How will her drinking affect her baby?

4. Angela has been under a lot of stress. She just found out she is pregnant, and she also just lost her job. What should she do?

5. Marie likes to exercise. After she found out she was pregnant, she slowed down, but still does a lot of walking. How will this affect her pregnancy?

6. Katie hates to exercise. She likes to sit at home and watch TV all day. She's pregnant now, and that makes her even more tired. How will this affect her pregnancy?

Lesson 1: Preparation for Labor

Objective:--to be able to perform some Lamaze breathing and relaxing exercises.

1) Introduce the lesson by asking the students how women prepare for labor.
   Show the students a Lamaze film on breathing and relaxation exercises (see p. 146).

2) Give the students Handout 34.

3) Invite a Lamaze instructor to your class to demonstrate some Lamaze techniques.
   Instruct each of the students to bring a towel to class that day, since they will be lying on the floor when they practice some of the exercises.
   Note: This lesson is designed to introduce the students to Lamaze breathing and relaxing techniques. The students should not be expected to become experts based on this one class period. When the students are pregnant, they should take an complete Lamaze course to prepare them for labor.

Preparation for Labor

Words to Learn: labor, childbirth education class, educate, role, demonstrate, relaxation, delivery process, Lamaze method, vaginal muscles, abdominal muscles

A good way to prepare for labor is to take a childbirth education class. Call you local clinic and ask them if they offer a class in your language.
If they do not, go to a childbirth class taught in English. You can still learn a lot.

At the childbirth class, the instructor will:
-provide information about pregnancy and the changes that occur.
-educate the father (or friend) about his role during labor.
-demonstrate the breathing and relaxation exercises that make pregnancy and labor more comfortable.
-provide information about the labor and delivery process.

The instructor may teach the mother the Lamaze method of childbirth. This includes a set of breathing exercises that train the mother to relax her vaginal muscles and to push with her abdominal muscles so that the baby can be born.

Lesson 2: Going to the Hospital

Objective:--to learn about what symptoms to look for when a woman goes into labor.
--to demonstrate their understanding by writing, and by in role-playing a telephone conversation.

1) Introduce this lesson by asking the students when they know it is time for them to go to the hospital and have their baby.
   Write their suggestions on the board. Then add your additional information.

2) Give the students Handout 35.
   Read it together, explaining it to them.

3) Have them take dictation of the following:
   It's time to go to the hospital and have your baby when you begin to contract every 10 minutes and it begins to hurt. It's time to go when fluid begins to leak out of your vagina.
   It's time to go when you begin to bleed.
   Then you know your baby is coming.

4) Instruct the students to work with a partner. Tell each student to write a telephone dialogue (with her partner) between her and her doctor, using only the present continous tense. (The instructions are on the handout).

Going to the Hospital

Words to Learn: symptoms, uncomfortable, contractions, gushing, discharge, present progressive bloody show

When do you go to the hospital?

Go to the hospital when one of these symptoms occurs:

-If you have contractions every 10 minutes for an hour and you feel uncomfortable.

-If you are in pain and it doesn't stop.

-If your protective bag breaks and fluid is leaking or gushing from your vagina.

-If you are bleeding a lot.

-If you are leaking "bloody show" (a pink discharge) from your vagina.

When one of these begins to happen, call your doctor, and tell him you are coming to the hospital.

Dictation:

Writing: With your partner write a telephone dialogue between you and your doctor when it's time to go to the hospital. Use the present continous tense. Role-play the conversation.

Lesson 3: At the Hospital

Objective:--to learn what to expect when they arrive at the hospital and how to respond to the nurse's questions.
--to learn to recognize procedures and explain what happens during these procedures.
--to learn how to answer questions that a doctor will ask during delivery.

1) Introduce this lesson by asking the students what happens as soon as they go into the hospital.

2) Give them Handout 36.
After reading it together, do a role-play with one student. Play the part of the nurse, and the student acts as a patient. Use the conversation on the handout. Use TPR techniques to take the patient's temperature, heart rate, respiratory rate, and blood pressure. Instruct the students to role-play this conversation, using TPR techniques as well.

3) Give the students Handout 37. Instruct them to describe (in writing) the action they see happening in each picture.

4) Give the students Handout 38. Read it to them, explain and have the students work in pairs to practice the dialogue.

At the Hospital

Words to Learn: admit, guarantee, insurance company, contracting, temperature, respiratory rate, dilation (of the cervix)

What happens at the hospital?

When you arrive, you register and fill out forms.
(It may take 15 minutes to fill out the form, and the nurses won't admit you until a guarantee of payment is given (through your insurance company, or Medi-Cal).

A nurse will take you to the labor room.
You undress and put on the hospital gown she gives you.
The nurse will ask you questions.

"How often have you been contracting?"

-Every 8 minutes. (Every 10 minutes)

"When did you begin contracting?""

-7 hours ago. (2 hours ago)

"Have you been bleeding?"

-A little bit. (Yes, a lot)

"Are you leaking any watery fluid?"

-I think so. (Yes, for the last hour)

"Is your baby moving?"

-Yes. (I think so).

The nurse will take your temperature, heart rate, respiratory rate, and blood pressure.
You will also give them a urine sample.
The nurse will then look at your medical records.
(Your doctor will have a copy of your records at the hospital).

She will examine you to find out the baby's position and size.
She will listen to your baby's heart rate.
She will examine your vagina to check the baby's position, the dilation of the cervix and the size of the pelvis.

At the Hospital

At the Hospital

Words to Learn: respiratory illness, recently, medications, allergic, contact lenses, local anesthetic.

Your doctor will also ask you questions.

"When did you last eat? What did you eat?"

-Last night at about 6:30. I ate chicken, rice, and beans.

"Have you had a cold, sore throat, or respiratory illness recently?"

-No, I haven't been sick.

"Have you been taking any medications?"

-No, I haven't.

"Have you had any problems with your pregnancy since the last examination?"

-Yes. My stomach has been cramping.

"Are you allergic to any medications?"

-No.

"Do you wear contact lenses?"

-No, I don't.

"Would you like a local anesthetic?"

-Yes, I would.

Your doctor will examine your throat, teeth, lungs, heart, legs, and vagina. This is all happening during your contractions.

Lesson 4: Normal Labor and Delivery

Objective:--to learn about the two phases of labor and what to do to help in their baby's delivery.
--to demonstrate their understanding of the reading by completing a cloze exercise.

1) Introduce the lesson by showing the students a film on childbirth ("The Miracle of Life"). Also have pictures available to show the students the size of the cervix, etc.

2) Give the students Handout 39.
Review the terms previously learned and demonstrate with pictures. (This childbirth film shows the process of childbirth and provides a context for understanding Handout 39, although it does not explain the two phases).

3) Give them a cloze exercise (Handout 40). Allow the students 10 minutes to read through Handout 39. After they have put Handout 39 away, give them Handout 40. Instruct them to fill in the blanks as much as possible. Afterwards, read Handout 39 to them, while they check their work.

Normal Labor and Delivery

Words to Learn: conception, phases, latent phase, active phase, centimeters, bearing down

Labor occurs in 2 phases: the latent phase and the active phase.

The latent phase occurs first.

When contractions occur every 7-12 minutes and last for 30 seconds, the latent phase of labor has begun.

The contractions feel uncomfortable.

The cervix is dilated to 2 centimeters.

These first contractions can last up to 8 hours.

So you can walk around a little, but don't eat any food.

The active phase begins when the contractions occur every 3-5 minutes and last 40 seconds. These contractions are painful. When the contractions occur every 2-3 minutes lasting 50-60 seconds, the cervix has dilated 6-8 centimeter, and the baby is coming.

The active phase usually lasts from 3-6 hours.

After 6 hours, the cervix is usually fully dilated to 10 cm

After the cervix has been fully dilated, the contractions occur every 1-1/2 to 2 minutes, lasting 1-1/2 to 2 minutes.

The mother now has a desire to "push." This is called "bearing down." It is necessary for the baby's delivery.

"Bearing down" lasts 30-60 minutes. When you bear down, take a deep breath, hold it, and push. Between contractions, relax and rest. Ask for a local anesthetic.

Normal Labor and Delivery

Labor occurs in 2 _____: the latent phase and the active phase. The _____ phase occurs first.
When _____ occur every 7-12 minutes and last for 30 seconds, the latent phase of _____ has begun.
The contractions _____ uncomfortable.
Your cervix is _____ to 2 centimeters.
These first contractions ____ last up to 8 _____.
So you can _____ around a little, but _____ eat any food.

The _____ phase begins when the contractions _____ every 3-5 minutes and last 40 _____. These contractions ____ painful. When the contractions occur _____ 2-3 minutes lasting 50-60 seconds, the _____ has dilated 6-8 centimeters, and the _____ is coming. The active phase usually _____ from 3-6 hours.

After the cervix has _____ fully dilated, the contractions happen _____ 1-1/2 to 2 minutes, _____ 1-1/2 to 2 minutes. The mother now _____ a desire to push. This is called "bearing _____" and it is necessary to _____ the baby be delivered. "Bearing down" lasts 30-60 _____.
When you bear down, _____ a deep breath, hold it, and ____.

Lesson 5: Delivery

Objective:--to learn about the delivery process.
--to demonstrate their understanding of the reading by answering the teacher's questions as they watch a childbirth film.

1) Introduce the Delivery lesson, by reviewing the parts of a woman's body.

2) Give the students Handout 41.
Read it and use pictures to increase their comprehension.

3) Show the same childbirth film (from Lesson 4), emphasizing the delivery process. Stop it at points and ask them to explain what is happening in the film.

Delivery

Words to Learn: umbilical cord, uterine wall, tugs, parent-infant bonding, contact, safety, womb, regular hospital procedure, breast-feeding

As the mother's uterus contracts, the baby moves forward a little. The mother's vagina separates as her baby's head moves forward. The mother bears down and pushes. It usually takes 15-20 contractions and pushes to deliver the baby.

After the baby has been delivered and has left his mother's body, the doctor cuts the umbilical cord.
The mother contracts some more, and the placenta inside her uterus separates from the uterine wall, and enters the vagina. The doctor then tugs on the umbilical cord and helps the placenta to leave the mother's body. This lasts 5 minutes. There is usually a lot of blood and pink fluid coming out when this happens.

Soon after delivery, a nurse gives the baby to the mother to hold. The mother then sees and holds her child. If the father is there, he also sees and touches the child. This process is called parent-infant bonding. The first contact that a baby has with his parents is important, since he has just left the safety of his mother's womb. This a regular hospital procedure. If the mother cannot hold the child for some reason, bonding can still occur through breast-feeding.

Lesson 1: Well-Mother Care and Breast-feeding

Objective:--to learn about the benefits of breast-feeding and how to discuss the subject.

1) Introduce the concept of breast-feeding by asking the students "What is the best thing to feed your baby when she is just born?" (milk)
"Is it better to feed her breast-milk or infant formula?
"Why is it good to feed her breast-milk?"
"Why is it good to feed her infant formula?"
Write their responses on the board under the labels "Breast-Milk" and "Infant Formula."

(You can use "him" and "her" interchangeably in the teacher questions in this section. Handout 42 refers to the baby as a boy, and Handout 43 refers to the baby as a girl.)

2) Give the students Handouts 42 and 43. Read it aloud, while they read silently.

3) Write the following dialogue on the board and have the students role-play it.

Maria: Doctor, now that my baby is born, what should I feed her?
Doctor: You should breast-feed her.
Maria: I thought that the infant formulas were good for her.
Doctor: They're pretty good, but breast-milk is much better for your baby because it helps to protect her from sicknesses. It's also easier for her to digest.
Maria: But I don't know how to breast-feed.
Doctor: Most women can breast-feed their babies. I'll show you how it works.

Well-Mother Care and Breast-Feeding

Words to Learn: simple nutritious meals, breast-milk, infant formula, breast-feed

After you come home from the hospital, you need to eat good food because you need to be strong and take care of your baby. Your body is very weak, so you need to eat food high in nutrients. You can make simple, nutritious meals.

Breast-feeding:

For the first 4 months of your baby's life, feed him breast-milk.

Breast-milk is the best food for your baby because it has many nutrients.

These nutrients come from your body, so you need to be eating good food. If you are eating good food, your breast-milk will be very good for your baby.

Breast-milk is better for your baby than infant formula.

Breast-milk helps to protect your baby from sickness and it is easier for your baby to digest.

Almost all women can breast-feed.

You need to learn how to breast-feed. Ask your doctor.

The first 7-10 days are difficult because the baby does not know how to suck right and your breasts will hurt.

If your baby drinks a lot of milk often, your breasts will have a lot of milk in them.

How and When to Feed Your Baby

Words to Learn: recognize, hunger cry, force, burp, release

If your breasts don't have enough milk in them to feed your baby, wait 2 days. Then your breasts will have made enough milk.

Only breast-feed when your baby is hungry. Learn to recognize your baby's hunger cry. A hungry baby is very interested in eating. When you feed her, you can tell if she is hungry or not. Don't force your baby to eat. Babies stop eating when they are full.

After you have fed her, burp her to release the air in her stomach.

When to Feed Your Baby:

For the first 4 months, feed her only breast-milk or infant formula.

She might be hungry all the time. Feed her whenever she is hungry. You may need to feed her every 2-3 hours.

Babies get hungry because their bodies need nutrients, but their stomachs are so small, they have to eat often.

Only feed her when she is hungry, and not at the same time every day because this could make her fat.

When she is 6-9 months old, you can feed her at the usual family meal times.

Babies often grow fast between 2-4 weeks of age. Your baby will gain 1 pound every 2 weeks for the first 2 months.

Lesson 2: Your Diet During Breast-Feeding

Objective:--to demonstrate plan an appropriate 3-day diet for a woman who is breast-feeding.

1) To introduce this lesson, ask the students what kind of food is important to eat when they are breast-feeding their baby. Write their answers on the board, and add more information.

2) Give them Handout 44.
Instruct them to write out a 3-day menu for a woman who is breast-feeding her baby.
Note: The diet during breast-feeding is very similar to the diet during pregnancy. The diet during breast-feeding recommends two servings from the Vitamin C group rather than one, and requires that the mother take a fluoride pill daily. (The assignment to write out another 3 day menu may be a little redundant, but the importance of a having a balanced diet is worth emphasizing).

Your Diet During Breast-feeding

Words to Learn: fluoride, menu

To have good breast-milk, you must eat a lot of good food.

Don't drink much alcohol or coffee.

Eat more protein.

Eat 4 servings of dairy products every day.

Eat 2 Vitamin C fruits or vegetables each day.

Eat 1 Vitamin A fruit or vegetable each day.

Eat 2 other kinds of fruits or vegetables.

Eat 4 servings of bread and cereals.

Eat 2 servings from the meat group every day.

Take a fluoride mineral pill.

With a partner, write out a menu for 3 days for a woman who is breast-feeding.

DAY 1	DAY 2	DAY 3

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-Seal, Bernard. 1990. American vocabulary builder 1. White Plains, NY: Longman.

-Childbirth Graphics catalog (for posters, visuals)
Childbirth Graphics, Ltd.
P.O. Box 20540
Rochester, NY 14602-0540
(716) 272-0300

-Lamaze Hotline (for information on course offerings, services, and resources)
(213) 430-6667
(714) 857-2676

-March of Dimes "Journey to Birth" video
Supply Division, March of Dimes
Birth Defects Foundation
1275 Mamaroneck Ave
White Plains, NY 10605

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PRENATAL CARE: A CONTENT-BASED ESL CURRICULUM

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